

**A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED
TEACHING PROGRAMME ON KNOWLEDGE REGARDING
KANGAROO MOTHER CARE AMONG POST NATAL
MOTHERS IN SELECTED HOSPITAL AT ERODE.**

By

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The Tamilnadu Dr. M.G.R. Medical University, Chennai



In partial fulfillment of the requirement for the degree of

Master of Science

In

Paediatric - Nursing

under the guidance of

Prof. Mrs. S.INDIRA, M.Sc (N),

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**ANBU COLLEGE OF NURSING
M G R NAGAR, KOMARAPALAYAM,
NAMAKKAL DIST, TAMIL NADU.**

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Approved by: ANBU COLLEGE DISSERTATION COMMITTEE.

RESEARCH GUIDE

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**A DISSERTATION SUBMITTED TO THE TAMIL NADU
DR. M.G.R MEDICAL UNIVERSITY, CHENNAI IN PARTIAL
FULFILLMENT OF THE REQUIREMENT FOR THE DEGREE
OF MASTER OF SCIENCE IN NURSING.**

VIVA VOCE:

INTERNAL EXAMINER:

EXTERNAL EXAMINER:

ENDORSEMENT BY HEAD OF THE INSTITUTIONS

This is to certify that the dissertation entitled **“A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING KANGAROO MOTHER CARE AMONG POST NATAL MOTHERS IN SELECTED HOSPITAL AT ERODE”**. Is a bonafide research work done by **Reg. No. 301417852** under the guidance of **Prof. S.INDIRA, M.Sc (N)**, Head Of The Department of Paediatric Nursing, Anbu College Of Nursing.



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ABSTRACT

“Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment, or the smallest act of caring, all of which have the potential to turn a life around.”

LEO. F. BUSCAGLIA QUOTES

statement of the problem

a study to assess the effectiveness of structured teaching programme on knowledge regarding kangaroo mother care among post natal mothers in selected hospital at erode

OBJECTIVES OF THE STUDY:

1. To assess the knowledge level regarding Kangaroo mother care among post natal mothers in selected hospital.
2. To evaluate the effectiveness of structured teaching programme on knowledge regarding Kangaroo mother care among post natal mothers in selected hospital.
3. To find out the association between knowledge regarding kangaroo mother care among postnatal mothers with the selected socio demographic variables.

HYPOTHESIS:

H₁ : There will be a significant difference between pretest and post test score on knowledge regarding kangaroo mother care after post test score among post natal mothers having in selected hospital.

H₂ : There will be a significant association between selected demographic variables and post test knowledge regarding kangaroo mother care among post natal mothers in selected hospital.

METHOD OF STUDY

Research instruments also called research tool are the devices used to collected data. The tool facilities the observation and measurement of variables.

The following instruments were developed by the research for the present study.

ORGANIZATION FINDINGS:

Section I:

Descriptive analysis of demographic variables.

Section II:

Assessment knowledge of post natal mothers regarding Kangaroo mother care prior to implementation of STP.

Section III:

Comparison of pretest, posttest knowledge scores of the postnatal mothers regarding Kangaroo mother care.

Section IV:

Association between the selected demographic variables with the levels of knowledge among postnatal mothers.

RESULTS:

The following were the results of this study.

Finding-1

The study findings revealed that (1) 3% of students had Very poor knowledge, (8)26% of students had poor knowledge, (9)31% of students had average knowledge and the remaining (9)31% had good knowledge.

Finding-2

Comparison of overall mean , SD , mean percentage of pre and post test knowledge scores shows that overall pre test mean score was 1.9 ± 2.01 which is 57.52 % where as in post test the mean score was 2.8 ± 2.0 which is 83.85 % revealing the difference of 70.60 % shows the effectiveness of STP.

Findlinig-3

The study findings revealed that association between the level of hemoglobin and their selected demographic variables. It was interpreted that there was significant association found between knowledge scores of postnatal mothers regarding Kangaroo Mother Care with their demographic variables such as Source of information ($P < 0.05$). No significant association was found between knowledge scores of postnatal mothers regarding Kangaroo Mother Care with their other demographic variables such as age, religion, education, family income, type of delivery. Significant association was found between knowledge scores of post natal mothers regarding kangaroo mother care such as (occupation, type of family, no of children, weight of the pre term baby, health services) in $p > 0.05$.

There was no significant association between the level of knowledge with demographic variables.

CONCLUSION

The present study assessed the knowledge regarding Kangaroo mother care and found the school teachers had inadequate knowledge. After structured teaching programme on Kangaroo mother care there is significant improvement on post natal mother knowledge. The study concluded that the structured teaching programme was effective in improving knowledge regarding Kangaroo mother care.

KEYWORDS :

Effectiveness, structured teaching programme, knowledge, Kangaroo mother care.

CHAPTER-I



INTRODUCTION

CHAPTER-I

INTRODUCTION

*“Children are the wealth of the nation, Take care of them,
If you wish to have a strong India”*

- Nehru

Yes, child health is the foundation of the family and wealth of the Nation. Newborn is the very important personality of the home. All family members give him or her warm welcome.

M.J.Anderson (2002)

Among the major child health challenges facing the world at the turn of the new millennium is the problem of high neonatal mortality. The global burden of newborn deaths is estimated to be a staggering five million per annum. Only 2% (0.1 million) of these death occur in developed countries, the rest 98% (4.9 million) take place in the developing countries. The highest neonatal mortality rates are seen in countries of South Asia resulting in almost 2 million newborn deaths in the region each year, with India contributing 60% (1.2 million) of it.

Bohnhorst (2001)

Globally about 25 million Low Birth Weight babies are born each years consisting of 17% of all live births. Approximately 16 to 18% neonates born in developing world are of Low Birth Weight having a weight of less than 2500 gram. The World Health Organization defines low birth weight infants (irrespective of gestational age) as neonates born less than 2500 grams (5 pounds) and extremely low birth weight as less than 1500 grams. Of these babies, approximately one third dies before stabilization or in the first twelve hours.

Charpak.Y (2001)

Premature birth imposes a tremendous stress for both the baby and the mother. To save the baby life, infant is monitored under the incubator and warmer surrounded

by unfamiliar sounds like buzzers, bells but lies all by himself in warmer. The treatment and routine care giving procedures cause pain and discomfort making it difficult for very low birth weight infants to experience restful and undisturbed periods of sleep. An alternative method, which is easy and cheap to practice, having more advantage is kangaroo care provided for the satisfactory improvement in infant health.

Belizan, J.M. (2003)

More than 20 million babies are born each year with low birth weight. This represents 15.5% of all births. Of these low birth weight babies, 95.6% are born in developing countries. One in 12 babies (8.3% of live births) was low birth weight in 2005 in India. Between 1995 and 2005, the number of infants born low birth weight infants born in India increased to 11%. Because of the poor care and resources, this rate was increasing steadily.

De Alencar.A (2009)

Infants who weigh less than 2500 grams at birth represents about 26% of all live births in India. More than half of these are born at term. The preterm infants with greater body surface area in relation to their body weight and have difficulty in maintaining normal body weight due to inadequate brown fat stores. He further explains that premature infants have a disproportionate ratio of body surface to body weight, thin skin, fewer fat stores, immature neurological system and less available metabolic substrate than full term infants and adults. Therefore, heat transfer through internal gradient is increased four times more in preterm infants in adults.

Ludington-Hoe (2002)

Based on Maslow's hierarchical theory, the basic need of every individual are love, security and affection. All of which can be expressed through the most old fashioned and natural way of cuddling. The baby through out the nine-month period in the mother's womb recognizes this sensation of being cuddled in the environment

of the womb. This sensation and feeling of security is ended prematurely in the case of the preterm infants, since they have to face extra uterine life before time. Hence preterm infant need more cuddling and security, mimicking the intrauterine environment.

Flacking.R (2011)

Kangaroo Mother Care was initially conceived in Bogota, Colombia in 1978 as an alternative to incubator care for the low birth weight baby. Kangaroo Mother Care is a humane, low cost method of care of low birth weight (LBW) infants particularly for those weighing less than 2000gram at birth. It consists of skin-to-skin contact, exclusive breast feeding early discharge and with an adequate follow-up.

Suraj Gupta (2004)

Incubator care causes dehydration in preterm and full term. There is a similar effect of maintaining temperature by a cost effective method of care named as kangaroo care. Kangaroo Care, when replaced by an incubator, leads to many benefits for both the baby and mother. In India, most of the population is below poverty line, thus restraining them from sophisticated care for their low birth weight infants.

Basuvantgappa B.T. (2006)

Thus, Kangaroo Care ensures people from all economic standards to give the needed care for their preterm babies. The preterm babies gain temperature slowly and prevent hypothermia. Therefore, the preterm baby becomes calm and relaxed. It also helps the baby to conserve energy and bring the organs to normal functioning.

Dorothy, R.M. (2006)

NEED FOR THE STUDY

In general, prematurity and intra uterine growth retardation or low birth weight are the leading cause of neonatal morbidity and mortality. WHO (2001) stated that 16% of infant deaths (109.5 per 1000 live births) is due to specified low birth weight.

Park.K (2007)

Infant mortality rate is 60 per 1000 live births and neonatal mortality rate is 40 per 1000 live births in India and 44 per 1000 live births in Tamil Nadu and 40 per 1000 live births in Karnataka. Data indicates an alarming situation. The Health for All by 2010 aims for 20 Infant Mortality Rate makes it imperative to develop and low cost effective modality while for caring low birth weight infants.

Meharban Singh (2004)

The newborn should maintain a temperature of 37 degree C. hypothermia in newborn babies' results in immature development of central nervous system, birth asphyxia, intracranial hemorrhage and failure to maintain an effective thermo neural environment. In preterm and small for gestational age infant's heat loss is due to high surface area, reduced subcutaneous tissue, reduced brown fat and reduced glycogen stores.

O.P.Ghai (2005)

Hypothermia in low birth weight babies, leads to increase in surfactant synthesis and surfactant efficacy, decreased PH, reduced partial pressure of Oxygen (PO₂), hypoglycemia, less O₂ consumption, diversion of cardiac output to brown fat, increased utilization of caloric reserves, reduced weight gain of infant and reduced blood coagulability. Therefore, it increases neonatal mortality. **Parul Datta (2007)**

Preterm babies who are not developed completely found that the skin-to-skin contact with mother helps in improvement of neurobehavioral development. In 1979, Colombian physician Ray and Martinez suggested mothers to become "human

incubators” by holding their premature infants skin-to-skin like kangaroo style. It is an alternative to NICU care because of high rate of nosocomial infections and lack of resources. Because of Colombian experience, many European countries have introduced Kangaroo care in their nurseries physiological, emotional and physical benefits for both parents and infants by Kangaroo care. **Wong L.D. (1997)**

A study conducted on the effects of kangaroo care on sleep. The importance of sleep to the infant’s developmental outcome was recognized and the use of skin-to-skin holding as a means of increasing stable infant sleep and rest was implemented.

Marlow (1998)

A study to assess the heart rate variability responses of a preterm infant to kangaroo care. The main outcome measure was heart rate variability, especially the parasympathetic component, was high when the infant was fussy in the open crib, indicating increased autonomic nervous system activity. With kangaroo care, the infant fell asleep and both sympathetic and parasympathetic components of heart rate variability decreased. Overall kangaroo care produced changes in heart rate variability that illustrates decreasing stress.

WHO (2003)

A study on the influence of feeding patterns and other factors on early somatic growth of healthy, preterm infants in home-based Kangaroo care. The sample included was 115 mothers and their 129 healthy, preterm infants. 126 (98.4%) infants were available for evaluations at term infant’s weight were monitored daily until they achieved 15g per kg per day. The result revealed that sixty (4.6%) infants gained weight adequately with exclusive breast-feeding. In 14 of those who needs supplements adequate weight gain was achieved before reaching term and supplements could be stopped.

Charpak. N (1994)

A study to assess the effect of skin-to-skin contact (Kangaroo care) shortly after birth on the neurobehavioral response of the term newborn by a randomized,

control trial. Study subjects were 47 healthy mother infant pairs. Kangaroo care began at 15 to 20 minutes after delivery and lasted for one hour. Control group infants and kangaroo care infants were brought to the nursery 15 to 20 and 75 to 80 minutes after birth respectively. The result showed during an hour long observation starting at 4 hours postnatal, the kangaroo care infants slept longer, were mostly in a quiet sleep state, exhibited more flexor movements and postures and showed less extensor movements.

Mary Margarette (2005)

A study conducted on kangaroo care in clinical setting with full term infants who were having breast feeding difficulties. This clinical experience suggested that Kangaroo care is a worthwhile intervention to try when a mother and her full term infant are struggling to achieve successful breast feeding.

Caroline.A (2007)

The above mentioned studies show that Kangaroo care has many advantages over the conventional incubator care and it improves the health of the newborn. This care is a cheapest method and can be given even for the babies from below poverty line. In addition, it emphasizes that qualified nurse specially educated on Kangaroo care is an integral part of the newborn care team for ensuring quality care to the neonates. Therefore, the investigator felt the need to undertake this study to evaluate the effectiveness of structured teaching programme on knowledge regarding kangaroo Care among post natal mothers having low birth weight babies.

Babuer (1996)

STATEMENT OF THE PROBLEM

A study to assess the effectiveness of structured teaching programme on knowledge regarding kangaroo mother care among post natal mothers in selected hospital at Erode.

OBJECTIVES OF THE STUDY:

4. To assess the knowledge level regarding Kangaroo mother care among post natal mothers in selected hospital.
5. To evaluate the effectiveness of structured teaching programme on knowledge regarding Kangaroo mother care among post natal mothers in selected hospital.
6. To find out the association between knowledge regarding kangaroo mother care among postnatal mothers with the selected socio demographic variables.

OPERATIONAL DEFINITIONS:

ASSESS:

In this assess means “gathering information for evaluation of knowledge regarding kangaroo mother care by formulating close-ended questions”.

EFFECTIVENESS:

It refers to the output of structured teaching programme in terms of gain in knowledge among post natal mothers having low birth weight babies as assessed by a structured questionnaire.

STRUCTURED TEACHING PROGRAMME:

Structured teaching programme is designed to provide information about kangaroo care on all domains among post natal mothers. The content includes the

concept of kangaroo care, components of kangaroo care, preparation and procedure and maintenance of kangaroo care, benefits of kangaroo care, knowledge of caregivers regarding kangaroo care and post discharge follow up.

KNOWLEDGE:

It refers to the level of understanding on kangaroo care as expressed through written responses by the post natal mothers.

KANGAROO MOTHER CARE:

It refers to the practice of skin-to-skin contact between mother and infant in order to transfer the heat from the parent to the neonate. This helps to prevent hypothermia enables better neurological development and thereby promotes the child's physical and psychological health with a resultant weight gain.

POSTNATAL MOTHERS:

It refers to the postnatal mothers (mothers after the delivery of the baby) having low birth weight babies in selected hospital at Erode.

HYPOTHESIS:

H₁ : There will be a significant difference between pretest and post test score on knowledge regarding kangaroo mother care after post test score among post natal mothers having in selected hospital.

H₂ : There will be a significant association between selected demographic variables and post test knowledge regarding kangaroo mother care among post natal mothers in selected hospital.

ASSUMPTION:

1. A structured teaching programme will help in enhancing the knowledge of postnatal mothers, which in turn will improve the practice related to kangaroo mother care.
2. To reduce the length of hospitalization among low birth weight babies.
3. Kangaroo mother care technique along with the modern neonatal care reduces the neonatal mortality and morbidity.

LIMITATION:

The study is limited to;

- those who are willing to participate.
- the sample is 30.
- mothers who could able to read and write in Tamil.
- those who were available during data collection.

CONCEPTUAL FRAME WORK

Good research usually research findings into an orderly coherent system. Such integration typically linking research and existing knowledge through review of prior research on a topic and by identifying or developing an appropriate conceptual frame work.

Conceptual frame work provides the investigator the guide lines to proceed in attending the objectives of the study on theory. It is scientific representation of the steps, activities and outcome of the study.

The conceptual frame work selected for this study is based upon the general system theory developed by Ludwig von Bertalanffy, According to general system theory, a system consist of a set interacting compounds, all contributing to the overall goal of the system. Any system consists of input, through process an output. This study aims to access the knowledge and practice of delivered mothers regarding kangaroo mother care.

The process of developed of structured teaching programme includes preparatory phase as input, the implementory phase, as through process and evaluation and feedback of the system as the output.

Input :

Input is considered as assessment of knowledge and practice of mothers delivered regarding kangaroo mother care.

Through Process :

Through process is the process of change in the knowledge and understanding about kangaroo mother care, hear the investigator implements questionnaires to the delivered mothers of post natal about kangaroo mother care including knowledge on

general information, purpose, importance, kangaroo mother care and purpose of giving each health teaching about kangaroo mother care.

Output :

Output from a system is energy, matter or information given out by the system as a result of its process. In this study output refers the result gains in knowledge among delivered mothers of kangaroo mother care.

FEED BACK :

Difference in the pre and post test score was observed from the knowledge scores of the samples. In the present study the feed back was considered as a process of maintaining the effectiveness of video assisted teaching. It is assessed by comparing the pre and post test scores through the ' r ' value.

CONCEPTUAL FRAME WORK

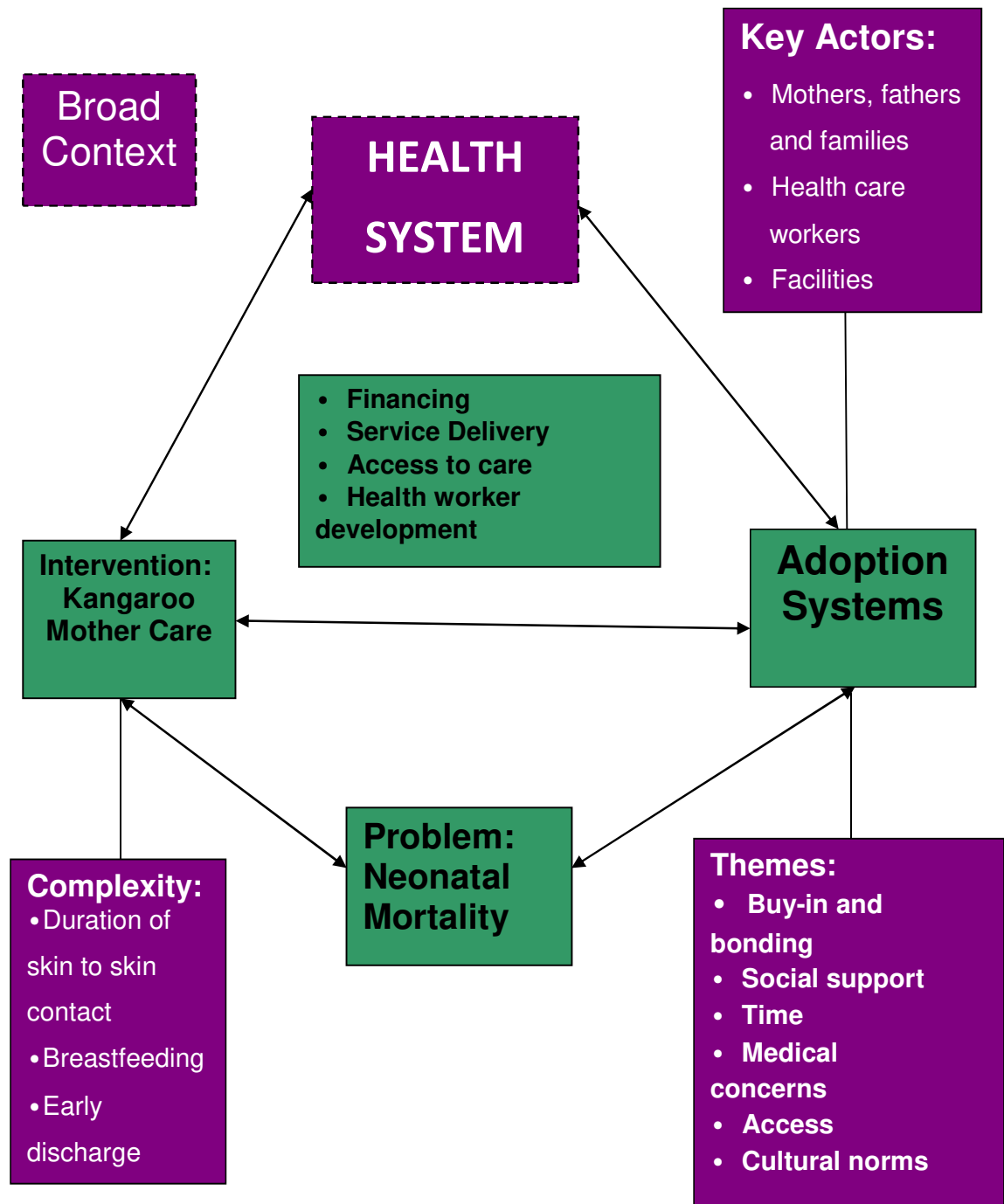


Fig 1 : modified theoretical frame work based on general adoption system by IMSEAR & WAPRIM (1960).

CHAPTER-II



REVIEW OF LITERATURE

CHAPTER - II

REVIEW OF LITERATURE

Review of literature is an essential step in the research project. It provides basis for future investigation, justifies the need for study, throws light on the feasibility of the study, Reveals constraints of data collection and relates the findings from the study to another with a hope to establish a comprehensive study of scientific knowledge in a professional discipline, from which valid theories developed.

Review of Literature categorized under following Headings:

- 1) Literatures related to benefits of kangarooing among newborns**
- 2) Literatures related to knowledge regarding kangarooing among mothers**

1) Literatures related to benefits of kangarooing among newborns

Singh M. (2000). A study was conducted on the assessment of newborn babies' temperature by human touch at AIIMS, New Delhi. Fifty healthy term neonates were assessed by three pediatricians for skin temperature to the nearest $\pm 0.05^{\circ}\text{C}$ at three body sites, that is, mid-forehead, abdomen and dorsum of right foot by touch. The predicted temperatures at different sites were compared with simultaneously recorded temperatures at the same sites with the help of electronic thermometers. Rectal temperatures were also recorded in all the babies with rectal thermometer to compare the variation between the core and skin temperatures. There was a good correlation between the skin temperature of the babies as perceived by touch and values recorded with the help of electronic thermometer. All the hypothermia babies were correctly picked up by all the observers. Finally the study was recommended that health professionals and mothers should be explained the

importance of evaluating the core and peripheral skin temperature by touch for early identification of babies under cold stress in order to prevent occurrence of life-threatening hypothermia.

Linder Kamp (2003) conducted a study to determine whether kangaroo care helps full-term babies. However, a recent clinical trial found evidence kangaroo care can also help in the development of full-term newborns. The newborns were fell fast asleep very quickly from the warmth of the mother's skin. It had a calming effect for the child and the parents. The babies' vital signs changed. Their heart rate dropped and they had less episodes of sleep apnea. Research in full-term newborns found more good results and newborns that had kangaroo care shortly after birth slept longer and were mostly in a quiet sleep state compared to those who did not have it.

Caroline.A (2007) conducted a study to find if parental Kangaroo had any impact of full term infants who had been exposed to cardiac postoperative intensive care during the early post-extubation hours. 5 full term infants were exposed to Kangaroo Care with parent 12 hours after extubation during 2 hour intervals. The infants were evaluated using cardio respiratory constraints. The outcome of the study showed that heart rate (123 ± 4 vs 128 ± 5 bpm), respiratory frequency (43 ± 3 vs 51 ± 5 breath pm), transcutaneous carbon dioxide (46 ± 2 vs 50 ± 4 mmHg) and central venous pressure (11 ± 0.8 vs 12 ± 1.2 mmHg) decreased considerably($p < 0.05$ for all), Factors which increased were oxygen saturation (78 ± 6 vs 74 ± 5 mmHg) and transcutaneous oxygen pressure (42 ± 2 vs 38 ± 3 mmHg) ($p < 0.05$ for all). The study concluded that Kangaroo Care may be an influential therapy in regards to stabilizing cardio respiratory status in infants during post operative care.

Mary Margarette, Kisten (2005) conducted a study on Skin-to-skin parental contact with infants to identify the improvement of physiologic parameters of infants. Skin-to-skin contact has been implemented recently to facilitate bonding of infants. The technique allows the infants to rest on the bare chest of a parent or caretaker. They illustrate a case in which a pre term infant has skin-to-skin contact while being monitored for physiologic parameters, including heart and respiratory rate, oxy-hemoglobin saturation, and nasal air flow. They concluded that Improvements in breathing patterns in this infant during kin-to-skin care and improvement of a normal temperature suggest that this technique may not only be safe and psychologically beneficial, but it may also promote physiologic improvement.

Bauer, Jacquiline, Sontheimer (1996) conducted a comparative study on effects of maternal and paternal kangaroo care on oxygen consumption and other physiologic measures in infants were conducted. The aim of the study was to compare effects of maternal and paternal kangaroo care in VLBW infants. 12 VLBW infants with GA 28-34 wks, BW 560-1450g and postnatal Age 7-48 days were studied before, during and after maternal and paternal kangaroo care. Skin and rectal temperatures heart and respiration rates, arterial oxygen saturation, oxygen consumption (VO₂), carbon dioxide production (VCO₂) and behavioral states were compared. Results showed that Skin temperature increased significantly ($p < 0.05$) during maternal and paternal kangaroo care. The study concluded Maternal and paternal kangaroo care show similar physiologic effects and paternal kangaroo care should be promoted in addition to maternal kangaroo care.

Cleary GM, Spinner SS, Gibson E, Greenspan JS (1996) undertook a study to evaluate the effect of achieving heat conservation in healthy Newborn infants, The aim of the present study was to compare axillary and skin temperatures and metabolic adaptation in healthy, full term elective Caesarean section delivered infants who were randomized to be cared-for either in (a) an incubator, (b) a cot, or (c) skin-to-skin with the mother. 44 infants were studied. The mean axillary Temperature increase was significantly greater in the skin to-skin cared-for infants than in the cot cared-for group. Blood glucose increase was significant in the skin-to-skin group, but not in the other two groups. The catecholamine levels at 120 min after birth were all within normal range, and there were no differences between the three groups, suggesting that none of the groups was exposed to cold stress. Interestingly, at 24 hour after birth, the mean axillary temperature was significantly higher in the skin-to-skin group than in the incubator group. The study concluded that kangaroo mother care can effectively achieve heat conservation in healthy full term Caesarean section delivered infants.

Erlandsson Kerstin. Paternal (2007) studied on paternal skin to skin contact offers caesarean-born baby same calming and development benefits same as mother as a mother. The sample was 29 Father-infant pairs, full-term healthy newborns born by planned Caesarean section were randomized to be placed either skin-to-skin on their father's chest or beside their father in a crib. The infants in the skin-to-skin group stopped crying and were calmer compared to infants in the crib group. A father should therefore be regarded as the primary caregiver for the baby when a mother is not available immediately following a birth. This study shows that a Father can soothe his Newborn as effectively as a mother, and more effectively than if the baby is placed in a crib during the first two hours after birth.

Nathalie Charpak, Juan G. Ruiz-Peláez et al (1997) conducted a study on Kangaroo Mother Versus Traditional Care for Newborn Infants ≤ 2000 Grams. The trial was conducted in a large tertiary care hospital. All newborn infants ≤ 2000 g, surviving the neonatal period and being eligible for a minimal care unit, were included. Infants spent 24 hours per day in an upright position, in skin-to-skin contact, and attached to the mother's chest. After randomization, control infants remained at the minimal care unit until meeting usual discharge criteria. Both groups are being followed up to 12 months of corrected age. The result revealed that both study groups were similar regarding all baseline variables but weight at eligibility. The risk of dying was similar in both groups (relative risk = 0.59, 95% confidence interval 0.22–1.6). There were no differences in growth indices. Nosocomial infections were more frequent in control infants. Hospital stay after eligibility was shorter in KMC, primarily for infants ≤ 1800 g. These results show that KMC is a safe approach to the care of clinically stable LBW infants.

Gathwala, Singh, Balhara (2008) conducted a study based on the theory that kangaroo care facilitates parent baby attachment in low birth weight infants, a randomized controlled trial done. The Neonates were randomized into a kangaroo care group and a control group in multiple trials. The kangaroo care group was subjected to this care at least 6 hours per day and received care after shifting out from the NICU and into the home setting, while the control group received the standard incubator care until discharge. At a 3 months follow-up appointment, an interview was conducted to assess attachment between parents and their babies. With these

researchers concluded, their attachment rate was significantly higher than that obtained in the control group.

2. Literatures related to knowledge regarding kangarooing among mothers

Parmar et al, (in 2009). A study was conducted on “the experience with kangaroo mother care in a neonatal intensive care unit (NICU) in Chandigarh, India”. The objective was to study the knowledge, feasibility and acceptability of kangaroo mother care on low birth weight infants in the NICU by mothers, family members, and health care workers. Family members had to complete a minimum of 4 hours of kangaroo care per day throughout their time on the unit, and were evaluated by observation. It was found that this method of care was accepted by 96% of mothers, 82% of fathers, and 84% of other family members. The study showed that 94% of health care workers also considered it to be a safe conservative method of care in these infants. Benefits of kangaroo care on babies’ behavior and on maternal confidence were also reported.

Sivapriya S, Subash J, Kamala S. (2008) conducted a quasi experimental study to assess the knowledge of mothers of preterm babies regarding kangaroo mother care and to evaluate the effectiveness of structured teaching programme on kangaroo care among the mothers of preterm babies. A total of 35 mothers were selected for the study. Findings of the study revealed that, the pre-test knowledge of the Kangaroo Care was Nil. After the structured teaching programme post test knowledge of the mother regarding Kangaroo Care was increased. 6 (17.10%) mothers had inadequate knowledge on Kangaroo Care, 25 (71.4%) mothers had moderately adequate knowledge and 4 (11.5%) mothers had adequate knowledge on

Kangaroo Care. Kangaroo Mother Care is a simple low cost and highly effective intervention for low birth weight babies. And also teaching programme can improve the knowledge of mothers on Kangaroo Care. So, educational programme on Kangaroo Care can be provided to Mothers, which in turn will improve the preterm and low birth care.

Kadam S, Binay S, Kanbur W, Mondkar JA, Fernandez A. (2005) conducted randomized controlled trial to determine the acceptability of Kangaroo Care in a tertiary care hospital in India. Over one year period in which 89 neonates were randomized into two groups Kangaroo Mother Care and Conventional Method of Care group. 45 babies were randomized into KMC group and 45 to CMC group. Findings of study revealed that 70% of mothers felt comfortable during the Kangaroo Mother Care. 73% felt they would able to give Kangaroo Mother Care. Kangaroo Mother Care is a easy and powerful way to improve the attachment between Mother and her low birth weight baby. It also plays a very important role in reducing the incidences of hypothermia in low birth weight babies.

CHAPTER-III



RESERCH METHODOLOGY

CHAPTER – III

METHODOLOGY

“ Everybody has a talent, but if you do not expose yourself you will not birth the talents within you “

Spike Lee

Methodology is the major phase of research in which the investigator makes a number of decisions about the materials to be used to study the research problem basically through the collection of data.

(Polit & Hungler, 1996)

This chapter deals with the methodological approach adopted for the study. The purpose of the study is to assess the knowledge and practice of the delivered mother regarding Kangaroo Mother Care with the effectiveness of structure teaching programme .

The methodology includes description of research approach, research design, site and setting, sampling technique, department of the instrument, validation of the instrument and its reliability, methods of data collection, pilot study and plan for statistical analysis.

RESEARCH APPROACH

Research approach is the most significant part of any research . The appropriate choice of research depends upon the purpose of the research study, which has been undertaken.

The research approach adopted for this study is an educative and evaluative approach .

Quantitative approach - Educative and Evaluative approach .

RESEARCH DESIGN

The research design refers to the researcher's overall plan for obtaining answer to the research questions and for testing the research hypothesis . The research design spells out the strategies that the researcher adopts to develop information that is accurate, objective and interpretable. For this study the research design chosen is quasi-experimental design . That is one group pre test and post.

Polit D.F ., Hungler B.P., (2002)

GROUP	PRE-ASSESSMENT	INTERVENTION	POST ASSESSMENT
Experimental	O ₁	X	O ₂

Key

- O₁ = Pre assessment of knowledge regarding kangaroo mother care.
- X = Structured teaching programme regarding kangaroo mother care.
- O₂ = Post assessment of knowledge regarding kangaroo mother care

VARIABLES :

Variables are the quality of properties or characteristics persons.

Things or situation that change or vary.

Charpak. N (1996)

The variables included in this study are dependent variables, independent variables .

Dependent variables

In the present study dependent variables refers to knowledge of mothers regarding Kangaroo care. It was the response, behaviours or outcome that was predicated or explained in research.

In this study, the dependent variables are knowledge and practice of Kangaroo mother care.

Independent variables

An independent variable is the treatment or experimental activity that is manipulated or varied by the researcher to create an effect on the dependent variable.

In this study the independent variables refers to structured teaching programme on Kangaroo mother care.

SETTING :

Setting - Selected Hospitals at Erode District.

1. Government Hospital at Erode District.

POPULATION

According to Polit and Hungler, "Population refers to the entire aggregation of cases that meets designed criteria". The requirement of defining a population for a research project arises from the need to specify the group to which the study can be performed. The population for the present study is the post natal mothers who are admitted in Government Hospital at Erode District.

SAMPLE AND SAMPLING TECHNIQUES: Sample:

Sampling refers to the process of selecting the portion of population to represent the entire population

Polit and hungler (2002)

Post natal mothers who are admitted in Government Hospital at Erode District.

Sampling Techniques:

Sampling technique refers to the process of selecting a portion of the population to prepresent the entire population **Polit and Beck, (2007)**

In this study non-probability sampling technique was used, in that purposive sampling was done.

Sample Size:

Sample size for the present study is 30.

CRITERIA FOR SELECTION OF SAMPLE:

Inclusion criteria:

- infant birth weight of < 2.500 kg
- an Apgar score six at 1 minute
- babies being breast feed
- willing to participate in Kangaroo mother care

Exclusion criteria:

- as Apgar score of 5 or less at birth
- Post natal mothers those who undergone health education on Kangaroo mother care.
- Not able to understand and read Tamil.
- post natal mother who are not willing to participate.

SELECTION AND DEVELOPMENT OF INSTRUMENT:

Research instruments also called research tool are the devices used to collected data. The tool facilities the observation and measurement of variables.

The following instruments were developed by the researcher for the present study.

Section A : Demographic variables of the Post natal mothers

Section B : Structured knowledge questionnaire on Kangaroo mother care

THE STEPS USED FOR PREPARING TOOL:

Instrument is the written device that a research used to collect data. It includes questionnaire, test and observation schedule Charpak,N (1996). The researcher developed the tools from the reviewed literature and those items that were relevant for the study were selected. The tool was developed in order to attain the objectives of the study. The researcher adopted following steps in the development of the instrument.

1. Review of related literature:

The literature (nursing book, child health nursing book, journals, reports and articles) was referred to prepare the tools and guide also consulted.

2. Preparation of tool:

a. Lesson plan

It consists definition components of KMC, pre requisites of KMC, benefits of KMC, Implementation, Eligibility criteria baby and mother, preparing KMC, procedure initiation, duration, discharge criteria, post discharge follow up KMC.

b. Questionnaire

It was prepared to assess the knowledge of post natal mothers regarding KMC.

3. Consultations with Guide and Research Committee:

The blue prints were given to the experts in research committee. The research guide and committee members were consulted before finalizing the tool.

4. Preparation of the Final Draft:

Final draft of the tool was prepared after consulting with the expert and research committee.

DESCRIPTION OF THE TOOL:

The tool was organized into 3 sections. Section I, Section II and Section III.

Section A: Demographic Variables of the post natal mothers

A demographic variable consists of 4 items seeking information about age, religions, educational qualification, Occupation, Type of Family, Family Income, No. of Children, Weight of Preterm Baby, Health Services, Type of Delivery.

Section B: Structured Knowledge questionnaire on Kangaroo mother care:

It consisted of 30 closed ended multiple choice questions to assess the knowledge of samples regarding Kangaroo mother care.

KNOWLEDGE REGARDING KANGAROO MOTHER CARE - 30 items.

A score of one was allotted to correct answers. The structured questionnaire had 4 alternative responses. The correct response was given a score of 'one' and incorrect was scored as 'zero'. An arbitrary classification of knowledge score was done, which was classified as

Adequate knowledge	- 75% to 100%
Moderately adequate	- 51% to 74%
Inadequate knowledge	- 50% and below

VALIDITY OF THE INSTRUMENT:

Validity refers to the degree to which an instrument measures what it is intended to measure (Smith K.M) Content validity is the extent to which the method of measurement includes all the major elements relevant to the concept being measured.

Charpak.N (1996)

Validity of the tool was assessed by obtaining opinion from 5 experts, this topic that includes 4 nursing experts and 1 medical expert.

The experts suggested by simplifying the language to reorganize some items, to include multiple right answers to avoid options like frequent all of the above and to include proportionately more number of questions in anatomy and physiology aspects. Appropriate modifications and corrections were made and tool was finalized.

RELIABILITY OF THE TOOL:

The reliability of the instrument was estimated by Pearson coefficient correlation. The reliability value of the instrument was 0.9 and it was found to be reliable.

Ethical Consideration

Prior to the data collection written permission was obtained from the Government Hospital at Erode district.

Data Collection Procedure: Period of data Collection:

During this period, the investigator collects both pre- test, teaching with video assisted teaching programme then post test.

Stages of Data Collection:

The data was collected in following three steps:

a) Pre - Test

Pretest was conducted among post natal mothers who are staying in Government Hospital at Erode District, by giving questionnaire to assess the knowledge on KMC, before implementation of KMC.

b) Implementation of KMC

Immediately after pretest, KMC was given to the same post natal mothers regarding KMC.

c) Post test

Evaluation was done by conducting posttest after 3 days of implementation of KMC. Post test was conducted by using the questionnaire which is used for the pretest.

PILOT STUDY:

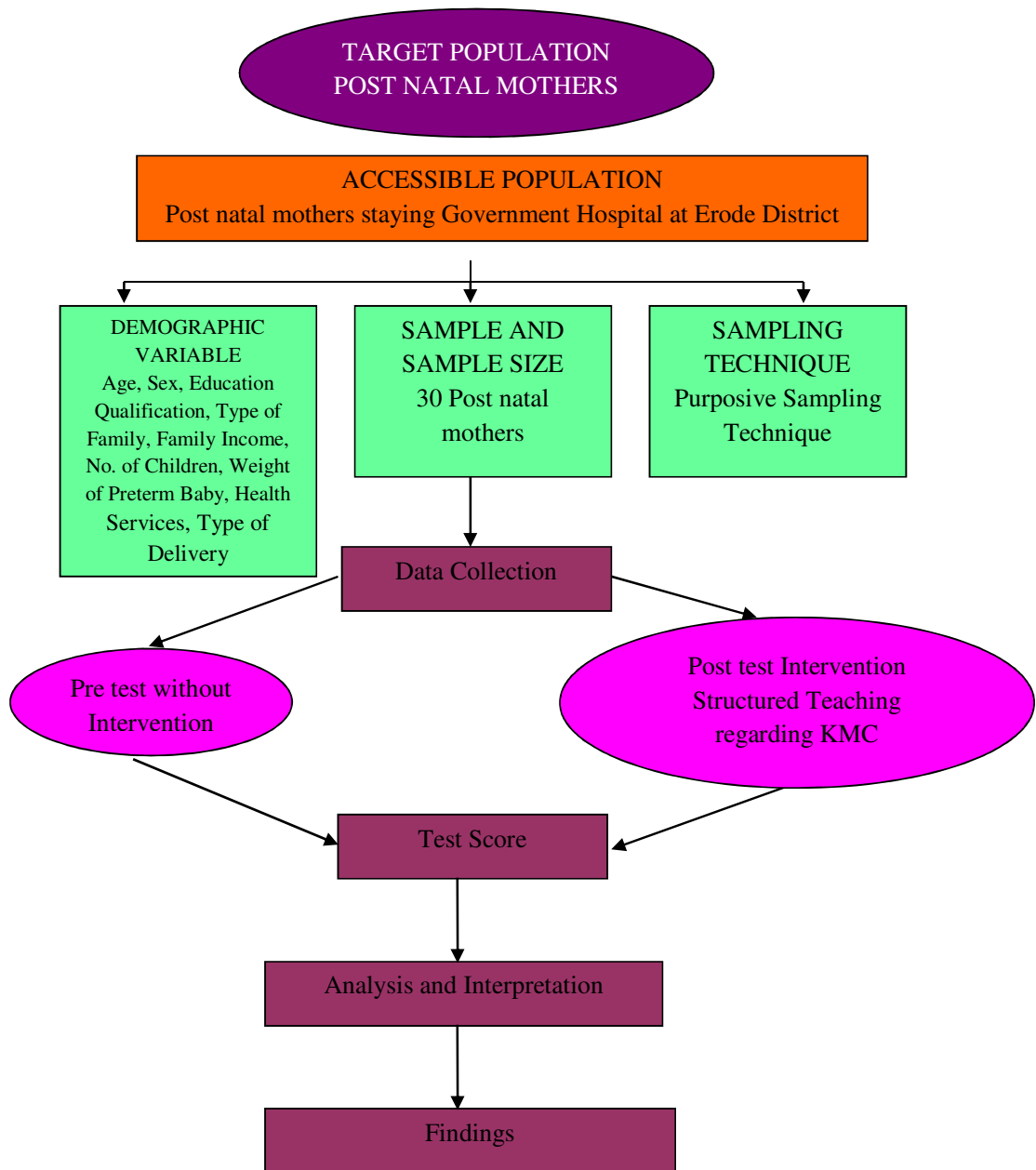
"A pilot study is a small preliminary investigation of the same general character as the major study. It is designed to acquaint the researcher with the problems to be corrected in preparation for the larger research project and try out the problems for collecting the data." Pilot study was conducted to ensure validity and reliability of the tool and feasibility for giving intervention.

The pilot study was conducted in Private Hospital in Erode. After getting formal permission from the Medical Officer. 6 post natal mothers were selected by purposive sampling technique. A structured pre test, post test questionnaire was used to collect data from the post natal mothers during pilot study. The study was feasible, practicable and acceptable.

PLAN FOR STATISTICAL ANALYSIS:

Data was collected and checked with post natal mother's knowledge and practice in Government Hospital at Erode. The collected data was summarized and tabulated by utilizing descriptive statistics which includes mean percentage, standard deviation and inferential statistics include mothers 't' test. Chi – square test and Pearson coefficient correlation.

FIG 2 : SCHEMATIC PRESENTATION RESEARCH



CHAPTER-IV



DATA ANALIYSIS AND INTERPRETATION

CHAPTER IV

ANALYSIS AND INTERPRETATION

*"A clay pot sitting in the sun will
always be a clay pot, It has to go through
the white heat of the furnace to become porcelain"*

- Mildred Struden

Polit and Hungler, (2004) defines as categorizing, ordering, manipulating and summarizing the data to reduce it into intelligible and interpretable form, so that research problem can be studied and tested by including relationship between the variables.

This chapter deals with analysis and interpretation of the data elicited from Sample of 30 post natal mothers on knowledge and practice regarding Kangaroo mother care. The data which are necessary to provide the adequacy of the study are collected through the semi structured interview schedule and analyzed using relevant descriptive and inferential statistics. The substantive summary of the findings were arranged in collection with the objectives of the study.

Objectives of the Study:

1. To assess the knowledge regarding Kangaroo mother care among post natal mothers.
2. To evaluate the effectiveness of structured teaching programme on the knowledge on Kangaroo mother care among post natal mothers.
3. To find out the association between the level of knowledge & practice with the selected demographic variables of post natal mothers.

ORGANIZATION FINDINGS:

Section I:

Descriptive analysis of demographic variables.

Section II:

Assessment knowledge of post natal mothers regarding Kangaroo mother care prior to implementation of STP.

Section III:

Comparison of pretest, posttest knowledge scores of the postnatal mothers regarding Kangaroo mother care.

Section IV:

Association between the selected demographic variables with the levels of knowledge among postnatal mothers.

SECTION I

DESCRIPTION OF SAMPLE CHARACTERISTICS

TABLE NO 4.1 :- FREQUENCY AND PERCENTAGE DITRIBUTION OF POSTNATAL MOTHERS ACCORDING TO THE DEMOGRAPHIC VARIABLES.

Demographic variables		Frequency	Percentage (%)
Age	Below 25	18	60
	26 – 30	10	33
	30 – 40	2	7
	Above 40	0	0
Religion	Hindu	25	83
	Muslim	2	7
	Christian	3	10
	Any others	0	0
Educational Status Of Mothers	Illiteracy	3	10
	Primary School	6	20
	Middle School	4	13
	Secondary School	6	20
	Higher Secondary School	4	13
	Degree	7	23
Occupation Of the Mothers	House Wife	18	60
	Coolie	6	20
	Private Job	4	13
	Government Job	2	7
	Business / Company	0	0
Type of family	Nuclear Family	17	57
	Joint Family	9	30
	Extended Family	3	10

	Others	1	3
Family income per month (Rupee)	Below 1000	11	37
	1500 – 2000	7	23
	2000 – 2500	4	13
	Above 2500	8	27
No. of Children in Family	1 Child	14	47
	2 Children	12	40
	3 Children	4	13
	4 and above children's	0	0
Weight of Pre term Baby	1 Kg	4	13
	1.5 Kg	7	23
	2 Kg	15	50
	< 2 Kg	4	13
Health Service Availed from	P.H.C	11	37
	Sub centre	1	3
	Nursing Home	5	17
	Hospital	13	43
Type of Delivery	Normal Delivery	19	63
	Lower segmental Cesarean Section	4	13
	Forceps Delivery	4	13
	Normal Delivery with Episiotomy	3	10

Table 1 shows the distribution of demographic variables according to their age, sex, educational qualification and working experience.

Regarding age, 60 % (18) of respondents are in the age group of below 25 years, 33 % (10) of respondents are in the age group of 26 – 30 years , 7 % (2) of respondents are in the age group of 30 – 40 years .

According to the religion 83 % (25) of respondents are Hindu 7 % (2) of respondents are Muslim and 10% (3) respondents are Christian.

According to the educational status of the mother 10 % (3) are Illiterate. 20 % (6) primary school, 13 % (4) middle school, 20% (6) secondary school, 13% (4) higher secondary school. 23% (7) are degree.

According to the mothers occupation shows that his her percentage 16% (18) mothers were house wife, shows that his her percentage 20% (6) mothers were cooli, that his her percentage 13% (4) mothers were in private job and 7 % (2) mothers were working in Government Job.

According to the type of family , 57 % (17) of mothers belong to nuclear family , 30% (9) of mothers belong to joint family .10% (3) of mothers belong to extended family, 3% (1) of mothers belongs to others .

According to the family income of postnatal mothers shows that below thousand 37% (11) of mothers were belong to 23% (7) two thousand mothers, 13% (4) postnatal mothers shows that 27% (8) were belongs to income Rs. 2500/-.

According to the no of children in the family, mothers were having that 47% (14) one children , mothers were having that 40% (12) two childrens, mothers were having that 13% (4) of 3 childrens.

According to the pre term baby weight is ,mothers were shows that 13%(4)of 1000kg of babies weight,mothers were shows that 23%(7)1.5kg of babies weight,mothers were shows that 50%(15)2kg of babies weight and 13%(4)of mothers having the baby weight is above 2kg.

According to the health services availed form shows that percentage 37%(11)of the mothers were belongs to PHC and health services availed form shows that percentage3%(1)of the mothers in sub centre and health services availed form shows that percentage17%(5)mothers in nursing home and remaining 43%(13)of mothers in hospitals.

According to type of delivery the mothers belongs to normal delivery of percentage63%(19), type of delivery the mothers belongs to LSCS 13%(4), type of delivery the mothers belongs to 13%(4)forceps delivery and type of delivery the mothers belongs to 10%(3)normal delivery with episotomy.

AGE DISTRIBUTION

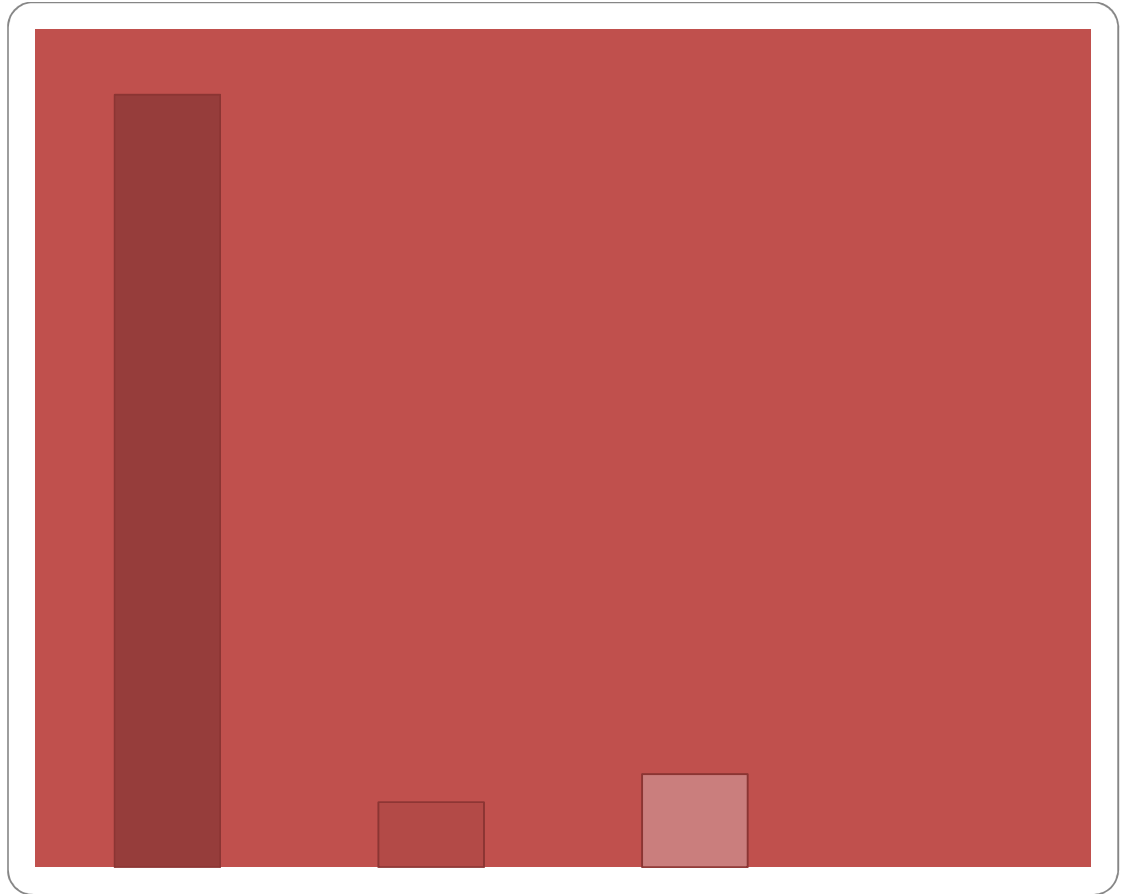


Fig. 4.1. Bar Diagram showing age distribution of post natal mothers.

Educational Status

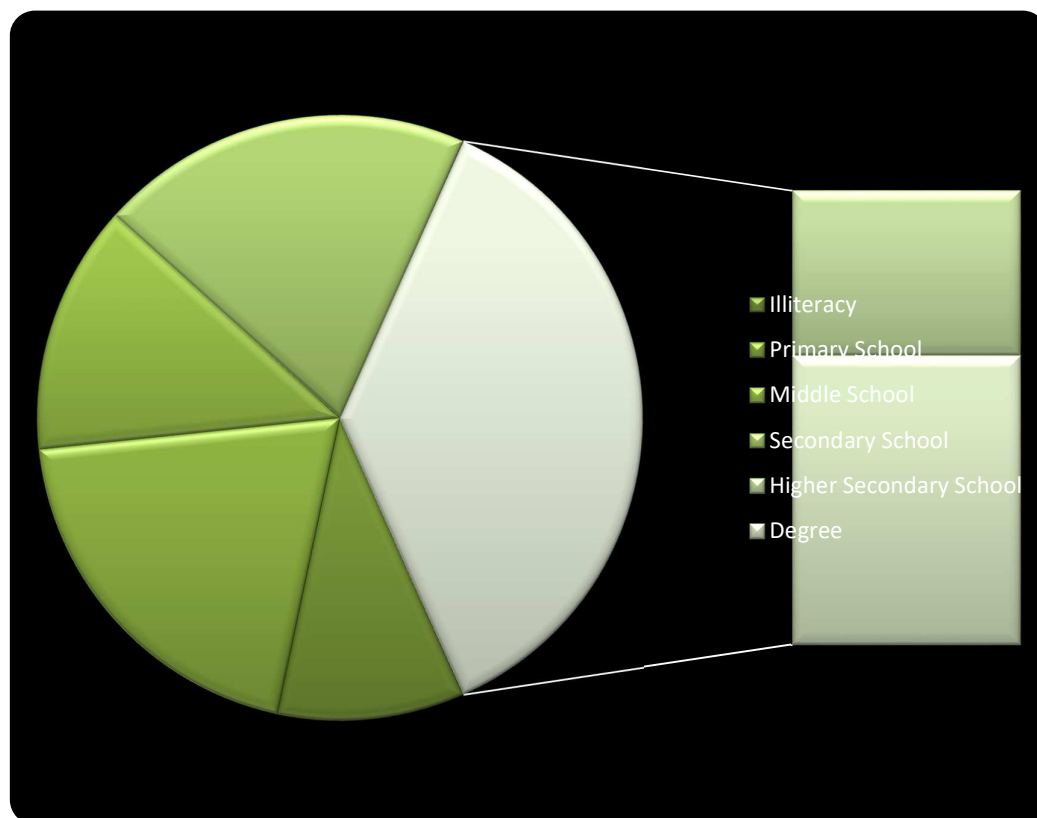


Fig 3: Bar Diagram showing the distribution of post natal mothers according to Educational status

Occupation of the Mother

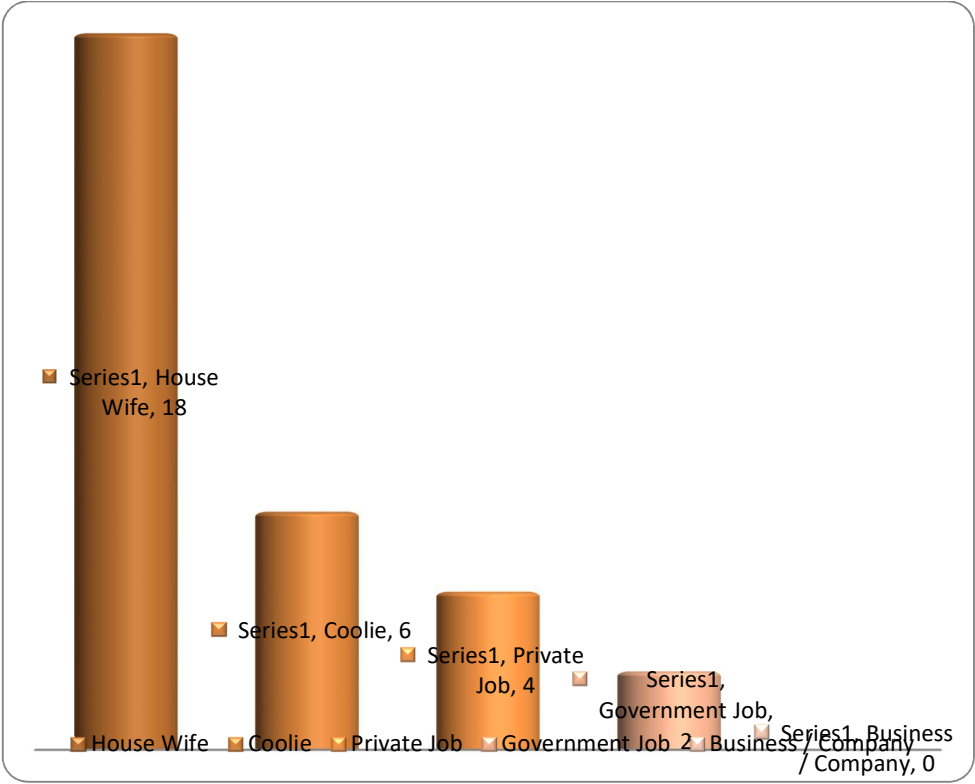


Fig. 4.4: Cylindrical Diagram Showing distribution of postnatal mothers

Type of Family

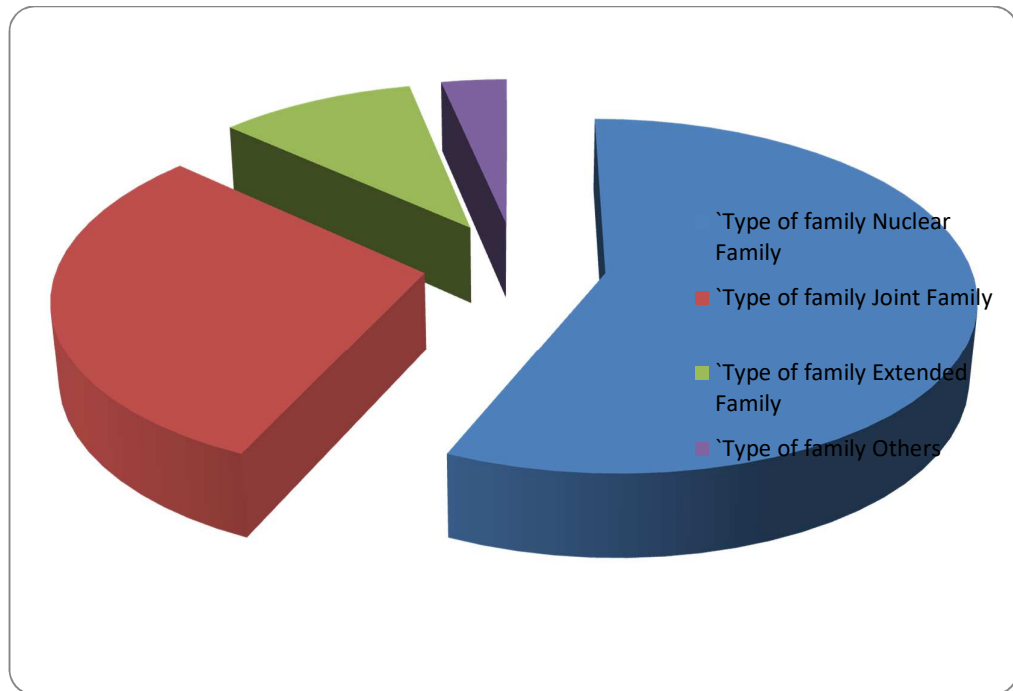


Fig. 5.5: Pie diagram showing the distribution of post natal mothers according to Type of family

Family Income

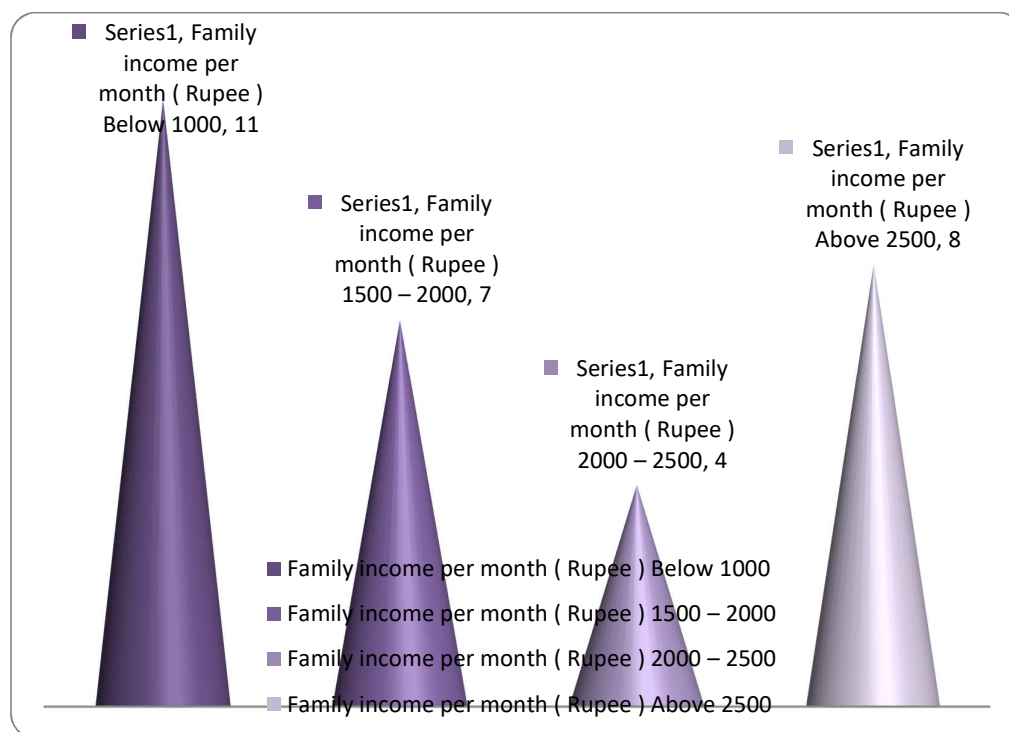


Fig. 5.6: Cylindrical diagram showing the distribution of post natal mothers according to their Family Income

Number of Children

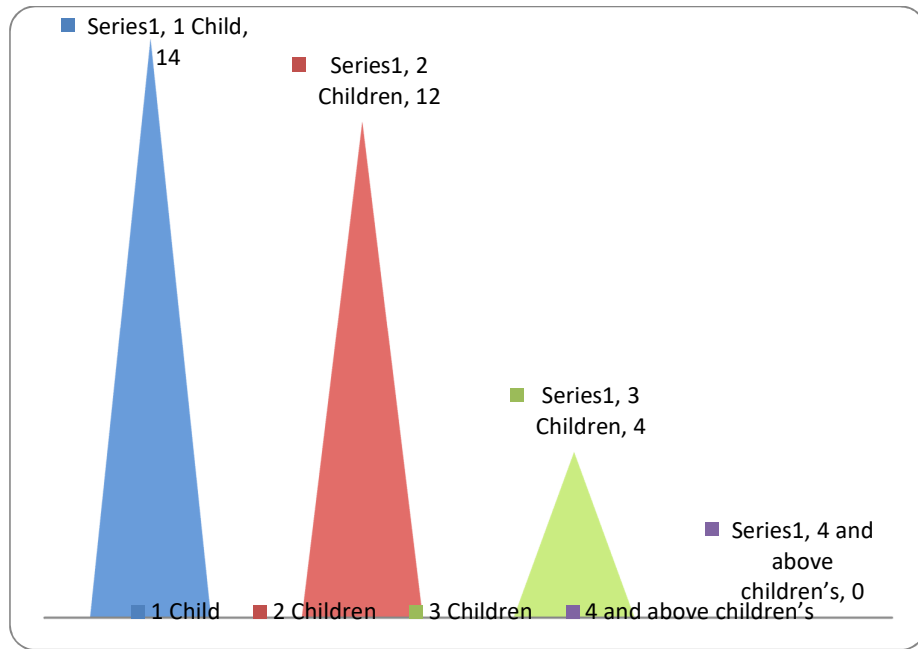


Fig. 5.7: Cylindrical diagram showing the distribution of post natal mothers according to their Number of Children

Weight of The Preterm Baby

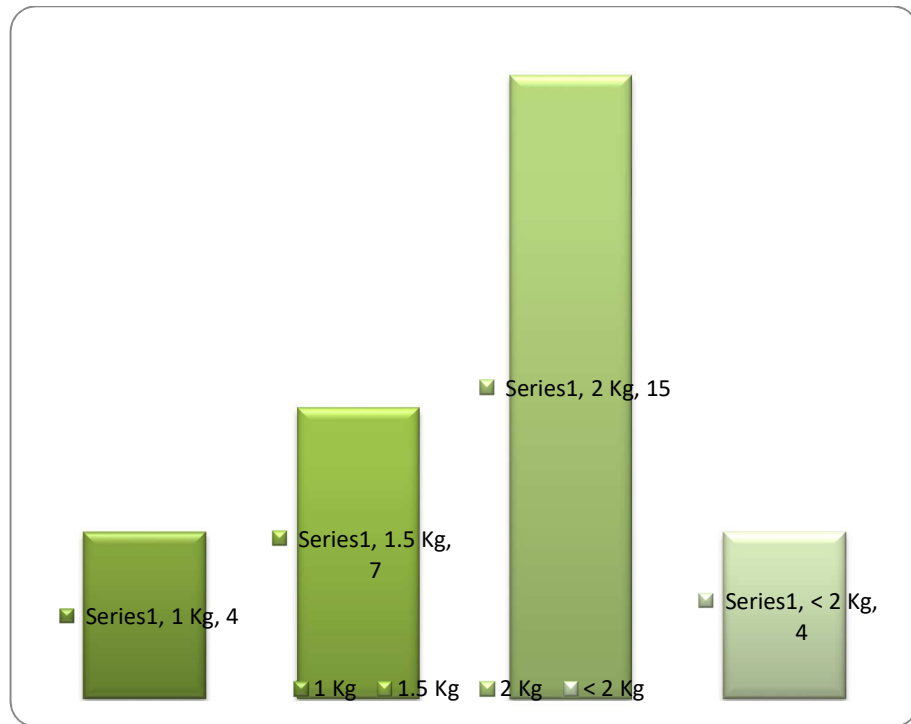


Fig. 5.8: Bar diagram showing the distribution of post natal mothers according to their weight of the preterm baby

Health Services Availed from

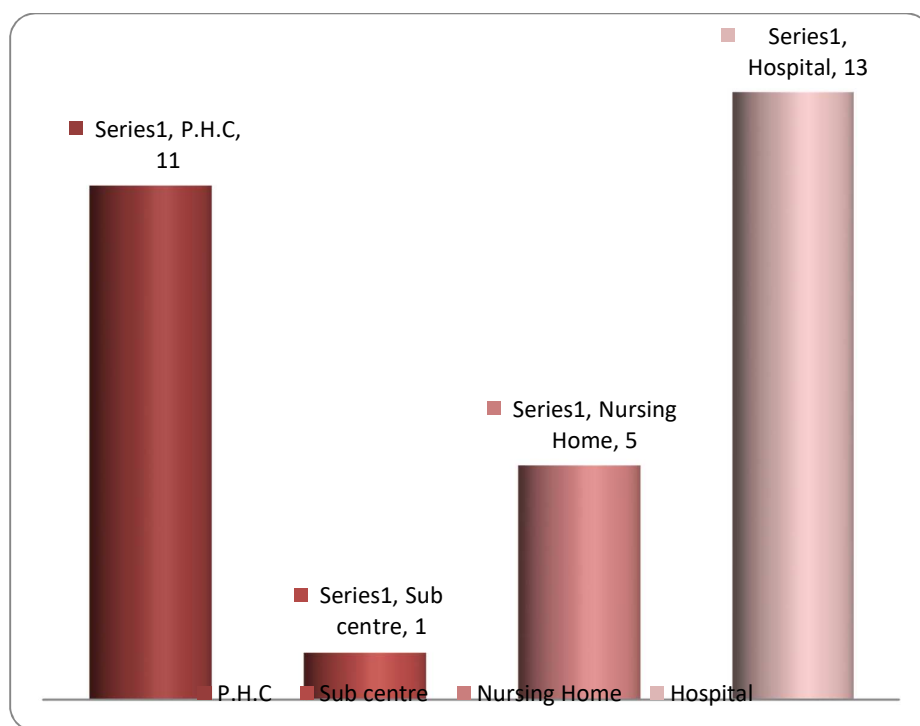


Fig. 5.9: Cylindrical diagram showing the distribution of post natal mothers according to their health services

Type of Delivery

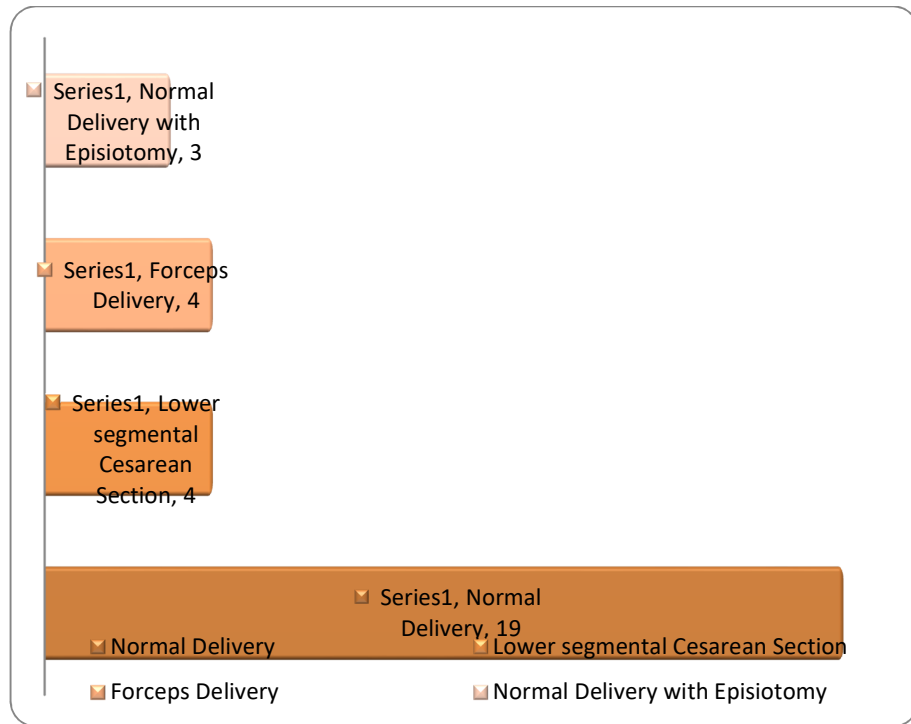


Fig. 5.10: Bar diagram showing the distribution of post natal mothers according to their type of delivery

SECTION II

Assessment of pre-test and post test knowledge and practice of post natal mothers regarding Kangaroo mother care.

An attempt has been made to study the knowledge and practice of Kangaroo mother care among post natal mothers. After converting the qualitative information of the knowledge and practice into a quantitative one the average score was obtained from the post natal mothers on various dimensions like meaning of Kangaroo mother care, Importance of Kangaroo mother care, Benefits of Kangaroo mother care, Position of Kangaroo mother care, Procedure for Kangaroo mother care, Meaning of pre term baby.

PART A: LEVEL OF KNOWLEDGE:

Table 2: Knowledge score on basic Kangaroo mother care among post natal mothers

SECTION II :-

KNOWLEDGE OF POSTNATAL MOTHERS REGARDING KANGAROO MOTHER CARE PRIOR TO IMPLEMENTATION OF STP.

TABLE 4.2: Area wise comparison of mean , standard deviation and mean percentage of pre test knowledge scores of postnatal mothers regarding kangaroo mother care.

AREAS	MAXIMUM OBTAINABLE SCORES	SCORES		
		MEAN	SD	MEAN PERCENTAGE
Pre term baby	4	2.2	1.22	66
Low birth weight babies	5	1.8	2.93	54.6
Kangaroo mother care	21	1.7	1.88	51.95
Over all	30	1.9	2.01	57.52

Area wise distribution of mean , sd, and mean percentage of pretest knowledge score of the postnatal mothers regarding kangaroo mother care shows that among the areas, the highest mean score (2.2 + 1.22) which is 66 % was obtained for the area “ Pre term baby ” more or less similar mean score (1.8+2.93) which is 54

. 6 % was obtained for the area “ Low birth weight babies ” . The lowest mean score ($1.7 + 1.88$) which is 51.95 % was obtained for the area “Kangaroo mother care ” revealing poor knowledge. However , for all the other areas the mean percentage was 57.52.

KNOWLEDGE

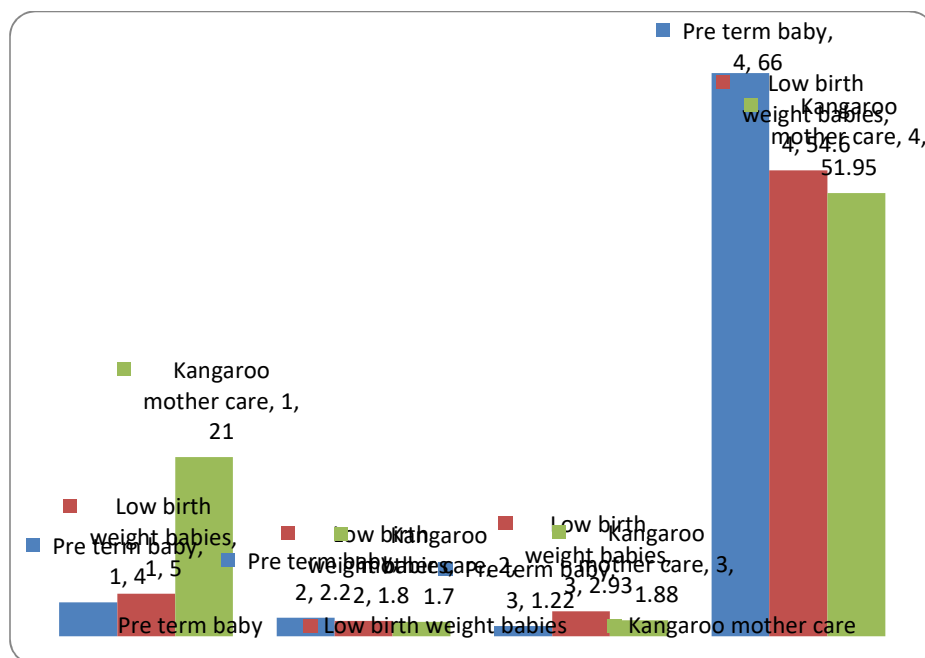


Fig. 4.2: Bar diagram showing the distribution of post natal mothers according to their knowledge of kangaroo Mother Care

TABLE NO 4.3 : LEVEL OF KNOWLEDGE OF POSTNATAL MOTHERS ON KANGAROO MOTHER CARE.

Level of Knowledge	Min – Max obtainable score	Frequency		Percentage %	
		Pre test	Post test	Pre test	Post test
Very poor	0 – 9	1	-	3	-
Poor	10 – 18	8	-	26	-
Average	19 – 27	9	2	31	6
Good	28 – 36	9	11	31	36
Very good	37 – 45	3	17	10	56

Table 3 shows pretest overall level of knowledge for postnatal mothers 26 % of mothers had poor knowledge and 31 % of postnatal mothers had average knowledge and 6 % of posttest mothers . Posttest overall knowledge level for postnatal mothers 36 % of mothers had good knowledge and 56 % of postnatal mothers very good knowledge.

LEVEL OF KNOWLEDGE

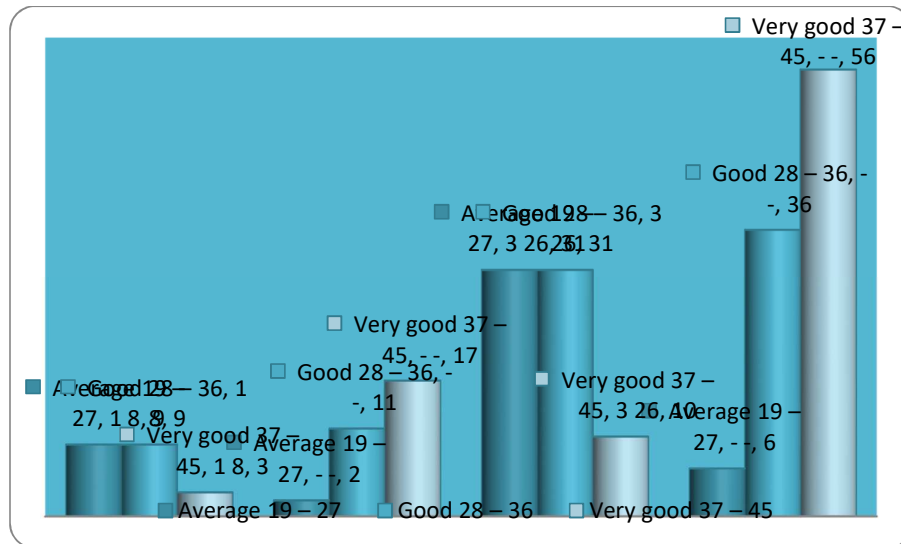


Fig. 4.3: Cylindrical diagram showing the distribution of post natal mothers according to their pre and post test

SECTION III :- COMPARISION OF PRETEST AND POSTTEST

KNOWLEDGE

SCORES OF THE POSTNATAL MOTHERS REGARDING KANGAROO MOTHER CARE

TABLE NO :4.4 Area wise comparison of mean , standard deviation and mean percentage of pre and post test knowledge scores of postnatal mothers regarding kangaroo mother care.

Area	Maxim um Scores	Pretest Score			Posttest Score			Differ ence in Mean %
		Mean	SD	Mean %	Mean	SD	Mean %	
Preterm Baby	4	2.2	1.22	66	3.0	1.2	90.25	78
Low Birth Weight Babies	5	1.8	2.93	54.6	2.7	2.9	81.4	68
Kangaroo Mother Care	21	1.7	1.88	51.95	2.6	1.9	79.9	66
Overall	30	1.9	2.01	57.52	2.8	2.0	83.85	70.60

Comparison of overall mean , SD , mean percentage of pre and post test knowledge scores shows that overall pre test mean score was 1.9 ± 2.01 which is 57.52 % where as in post test the mean score was 2.8 ± 2.0 which is 83.85 % revealing the difference of 70.60 % shows the effectiveness of STP.

Sl.No	Area	't' value	Level of significant
1.	Pre term Baby	6.91	Low Significant
2.	Low Birth Weight Babies	14.99	Low Significant
3.	Kangaroo Mother Care	6.24	Low Significant

TABLE NO : 4.5 :- Comparison between difference of Pre and Post knowledge of postnatal mothers regarding Kangaroo Mother Care.

$P=3.18, p<0.05$ =Significant >0.05 =Not significant

Paired 't' test was calculated to assess the pre and post test knowledge scores of post natal mothers regarding kangaroo mother care. The findings show low significant difference for all the areas. Thus, it can be interpreted that the difference in mean score values related to the above mentioned areas were true difference and not by chance. Hence, the null hypothesis is rejected and research hypothesis accepted ($p>0.05$). It shows that the STP was effective for all the areas.

**SECTION IV : TABLE NO 4.6 : ASSOCIATION BETWEEN THE
SELECTED DEMOGRAPHIC VARIABLES WITH THE LEVELS OF
KNOWLEDGE AMONG POSTNATAL MOTHERS**

Demographic variables		LEVEL OF KNOWLEDGE					CHI SQUARE VALUE
		Very Poor	Poor	Average	Good	Very Good	
Age	Below 25	0	4	5	7	2	$X^2 = 13.88$ $DF=12 (21.03)$ $p > 0.05 (NS)$
	26 – 30	1	3	4	2	0	
	30 – 40	0	1	0	0	1	
	Above 40	0	0	0	0	0	
Religion	Hindu	1	6	6	9	3	$X^2 = 14.58$ $DF= 12(21.03)$ $p > 0.05 (NS)$
	Muslim	0	1	1	0	0	
	Christian	0	1	2	0	0	
	Any others	0	0	0	0	0	
Educational Status Of Mothers	Illiteracy	0	0	0	3	0	$X^2 = 27.25$ $DF= 20(31.41)$ $p > 0.05 (NS)$
	Primary School	0	1	4	1	0	
	Middle School	0	1	2	1	0	

	Secondary School	0	2	0	2	2	
	Higher Secondary School	0	1	1	1	1	
	Degree	1	3	3	0	0	
Occupati on Of the Mothers	House Wife	0	1	5	9	3	$X^2 = 37.49$ $DF= 16(26.30)$ $p > 0.05 (S)$
	Coolie	0	2	3	1	0	
	Private Job	1	2	1	0	0	
	Governmen t Job	0	2	0	0	0	
	Business / Company	0	0	0	0	0	
Type of family	Nuclear Family	1	2	4	8	2	$X^2 = 23.51$ $DF= 12(21.51)$ $p > 0.05 (S)$
	Joint Family	0	3	4	2	0	
	Extended Family	0	2	0	1	0	
	Others	0	1	0	0	0	

Family income per month (Rupee)	Below 1000	0	2	4	5	0	$X^2 = 18.2$ $DF= 12(21.03)$ $p > 0.05 (NS)$
	1500 – 2000	0	3	1	2	1	
	2000 – 2500	0	1	2	1	0	
	Above 2500	0	3	2	1	2	
No.of Children in Family	1 Child	0	2	3	7	2	$X^2 = 24.5$ $DF=12 (21.03)$ $p > 0.05 (S)$
	2 Children	1	4	4	2	1	
	3 Children	0	2	2	0	0	
	4 and above children's	0	0	0	0	0	
Weight of Pre term Baby	1 Kg	0	1	0	3	0	$X^2 = 21.67$ $DF=12 (21.03)$ $p > 0.05 (S)$
	1.5 Kg	1	2	1	2	1	
	2 Kg	0	3	6	4	2	
	< 2 Kg	0	2	2	0	0	
Health Service Availed	P.H.C	0	2	4	5	0	$X^2 = 22.59$ $DF=12 (21.03)$ $p > 0.05 (S)$
	Sub centre	0	1	0	0	0	

from	Nursing Home	0	3	2	0	0	
	Hospital	1	2	3	4	3	
Type of Delivery	Normal Delivery	2	3	5	7	2	$\chi^2 = 17.51$ $DF=12 (21.03)$ $p > 0.05 (NS)$
	Lower segmental Cesarean Section	0	0	1	2	1	
	Forceps Delivery	0	2	2	0	0	
	Normal Delivery with Episiotomy	0	2	1	0	0	

Chi square was calculated to find out the association between the knowledge scores and demographic variables of the post natal mothers. Significant association was found between knowledge scores of post natal mothers regarding kangaroo mother care with their demographic variables such as Source of information ($p < 0.05$). No Significant association was found between knowledge scores of post natal mothers regarding kangaroo mother care such as age, religion, education, family income, type of delivery. Significant association was found between knowledge scores of post natal mothers regarding kangaroo mother care such as (occupation, type of family, no of children, weight of the pre term baby, health services) in $p > 0.05$.

CHAPTER-V



DISCUSSION AND SUMMERY

CHAPTER-V

DISCUSSION AND SUMMARY

The aim of the present study was to assess the effectiveness of structured teaching programme on Kangaroo Mother Care among postnatal mothers in a selected hospital at Erode. The study was conducted by using quasi experimental design. Sample size was 30 postnatal mothers selected by purposive sampling technique.

The effectiveness of structured teaching programme was evaluated by questionnaire.

The responses were analyzed through descriptive statistics (mean, frequency, percentage and standard deviation) and inferential statistics (paired 't' test.)

DISCUSSION ON THE FINDINGS BASED ON THE OBJECTIVES OF THE STUDY:

Objective-1

To assess the knowledge level regarding kangaroo mother care among postnatal mothers in a selected hospital.

Finding-1

The study findings revealed that (1) 3% of students had Very poor knowledge, (8)26% of students had poor knowledge, (9)31% of students had average knowledge and the remaining (9)31% had good knowledge.

Discussion-1

The above findings were supported by the study conducted by **Hassan Zaheer** studied the knowledge of KMC in 30 postnatal mothers. They demonstrated about the KMC using Manikins. After 3 days the knowledge level of the student was assessed and it was improved.

Objective-2

To evaluate the effectiveness of structured teaching programme on knowledge regarding cardio pulmonary resuscitation among postnatal mothers in a selected hospital. Finding-!

Comparison of overall mean , SD , mean percentage of pre and post test knowledge scores shows that overall pre test mean score was 1.9 ± 2.01 which is 57.52 % where as in post test the mean score was 2.8 ± 2.0 which is 83.85 % revealing the difference of 70.60 % shows the effectiveness of STP.

Discussion-2

The above findings were supported by the study conducted by Larsen P, Pearson J, studied about the Kangaroo Mother care. Here the sample received the knowledge about KMC. So the researcher concluded that the SIP gives better result.

Objective-3

To find out the association between knowledge regarding Kangaroo mother care resuscitation among postnatal mothers with selected socio demographic variables. Findlinig-3

The study findings revealed that association between the level of hemoglobin and their selected demographic variables. It was interpreted that there was significant association found between knowledge scores of postnatal mothers regarding Kangaroo Mother Care with their demographic variables such as Source of information ($P < 0.05$). No significant association was found between knowledge scores of postnatal mothers regarding Kangaroo Mother Care with their other demographic variables such as age, religion, education, family income, type of delivery. Significant association was found between knowledge scores of post natal mothers regarding kangaroo mother care such as (occupation, type of family, no of children, weight of the pre term baby, health services) in $p > 0.05$.

Discussion-3

Sanders AB reported that Kangaroo Mother Care knowledge among postnatal mothers was important. There was no significant association between the level of knowledge and their selected demographic variables like age, sex, education status, type of family and education of parents.

SUMMARY

The present study was to “Assess the effectiveness off structured teaching programme on knowledge regarding Kangaroo Mother care among postnatal mothersin a selected hospital, Erode,”

IMPLICATION OF THE STUDY:

According to Tolsma (1995) the section of the research report that focuses on nursing implication usually includes specific suggestions for nursing practice, nursing

education, nursing administration and nursing research.

Nursing Practice:

Nurses have the responsibility to improve the knowledge level of degree students.

The present study will help the nurse to know the effectiveness of structured teaching programme on knowledge regarding Kangaroo Mother Care. It will help in creating the awareness among students about the Kangaroo Mother Care.

Kangaroo Mother Care is one of the emergency management.

Nursing education:

Student has to update their knowledge regarding Kangaroo Mother Care in emergency management.

The faculty member has to motivate the student to learn about the Cardiac arrest and its immediate care.

Nursing administration:

The present study proposed to help the health administrator to create awareness about the effectiveness of structured teaching programme on knowledge regarding Kangaroo Mother Care among postnatal mothers to give a valuable life.

Administrators have to educate the students through media regarding the practice of CPR.

Nursing research:

The study will be valuable reference for further research.

The findings of the study would help to expand the scientific body of professional knowledge upon which further research can be conducted.

LIMITATION:

The study was limited to postnatal mothers between the age group of (20-25 yrs) © The study had only one group to prove the effectiveness of Structured teaching

Programme

The samples were selected by purposive sampling technique.

RECOMMENDATIONS:

The study can be replicated in large sample size.

A similar study can be done in different settings and in different population.

A comparative study can be done to having two groups.

CONCLUSION:

The postnatal mothers had a good knowledge after structured teaching programme about CPU. The structured teaching programme was effective to improve the level of knowledge.



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ANNEXURE

ANNEXURE - II

Letter seeking expert's opinion and suggestion for the content Validity of the tool used for the study.

From,

Reg. No :301417852

IInd Year M.Sc Nursing, Anbu Hospital of Nursing,

M G R Nagar, Komarapalayam.

To

Forwarded through

Mrs. K. Vijayalakshmi,

Prinicipal, Anbu Hospital of nursing,

M G R Nagar, Komarapalayam.

Sub : Expert opinion for content validation of research tool.

Respected Sir / Madam,

I Reg. No. 301417852 a post graduate student of Anbu Hospital of nursing, anticipate Your valuable self; if you would accept to validate my research tool on the topic **"A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME KNOWLEDGE REGARDING KANGAROO MOTHER CARE AMOUNG POSTNATAL MOTHERS IN SELECTED HOSPITAL AT ERODE"**. It would be highly appreciable if you would kindly affirm your acceptance to endorse your Valuable suggestions on this topic. I had attached the details of the study along with the research tool.

Thanking you

Date :

Place : Komarapalayam.

Yours faithfully,

Reg No : 301417852

ANNEXURE - III CONTENT
VALIDITY CERTIFICATE

I hereby certify that I have validated the tool of Reg No. 301417852 IIInd year M.Sc Nursing student who is undertaking, " **A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME KNOWLEDGE REGARDING KANGAROO MOTHER CARE AMOUNG POSTNATAL MOTHERS IN SELECTED HOSPITAL AT ERODE** ”.

Signature and seal of the Expert.

Name :

Designation :

ANNEXURE

STRUCTURED QUESTIONNAIRE INSTRUCTIONS:

SECTION : A:-

It consists of socio demographic variable of post natal mothers regarding kangaroo mother care kindly give your correct answer () in appropriate space. It will be kept confidentially.

SECTION : B:-

It consists of knowledge questions (30) regarding Kangaroo mother care kindly give your answer () in appropriate space. It will be kept confidentially.

SECTION – A

SOCIO DEMOGRAPHIC VARIABLE

It consists of socio demographic variable of post natal mothers regarding kangaroo mother care kindly give your correct answer () in appropriate space. It will be kept confidentially.

1. Age of the mother (in years)

- a. below – 25 ()
- b. 26-30 ()
- c. 30 - 40 ()
- d. Above 40 ()

2. Religion

- a. Hindu ()
- b. Muslim ()
- c. Christian ()
- d. Any other ()

3. Educational status of the mother

- a. Illiteracy ()
- b. Primary school ()
- c. Middle school ()
- d. Secondary school ()
- e. Higher Secondary school ()
- f. Degree ()

4. Occupation of the mother

- a. Housewife ()
- b. Coolie ()
- c. Private Job ()
- d. Government ()
- e. Business / company ()

5. Type of family

- a. Nuclear family ()
- b. Joint family ()
- c. Extended family ()
- d. Others ()

6. Family income per month (Rupees)

- a. Below 1000 ()
- b. 1500-2000 ()
- c. 2001-2500 ()
- d. above 2500 ()

7. No. of children in the family

- a. 1 child ()
- b. 2 children ()
- c. 3 children ()
- d. 4 and above children ()

8. Weight of the Preterm Baby

- a. 1000 Kg ()
- b. 1.500 Kg ()
- c. 2 Kg ()
- d. < 2 Kg ()

9. Health services availed from

- a. P.H.C ()
- b. Sub centre ()
- c. Nursing home ()
- d. Hospital ()

10. Type of delivery

- a. Normal delivery ()
- b. Lower segmental Cesarean Section ()
- c. Forceps delivery ()
- d. Normal delivery with episiotomy ()

SECTION –B

Knowledge questions regarding kangaroo mother care

It consists of socio demographic variable of post natal mothers regarding kangaroo mother care kindly give your correct answer () in appropriate space. It will be kept confidentially.

Preterm Baby

1. What is mean by Pre term baby?

- a) Baby born after 37 weeks gestation ()
- b) Baby born before 37 weeks gestation ()**
- c) Baby born after 40 weeks gestation ()
- d) Baby born above 42 weeks gestation ()

2. Which Temperature should be providing to pre term baby?

- a) $< 36.5^{\circ} \text{C}$ ()
- b) 36.5°C ()
- c) 37°C ()**
- d) More than 38°C ()

3. Which milk can be used pre term baby?

- a) Mother Milk ()**
- b) Formula Feed ()
- c) Cow Milk ()
- d) Buffalo's Milk ()

4. What are the problems of Low Birth Weight Babies?

- a) Birth asphyxia and Hypothermia ()**
- b) Neuropathy ()
- c) Diabetes mellitus ()
- d) Hyper tension ()

Low birth weight babies

1. What is the risk factor of Low Birth Weight Babies?

- a) **Malnutrition** ()
- b) Obesity ()
- c) Over loading ()
- d) Environment ()

2.What is thermal care?

- a) Drying ()
- b) **Warming** ()
- c) Skin to skin ()
- d) Drying, Warming, Skin to skin and delayed bathing ()

3.How will you prevent hypothermia?

- a) **Child kept under incubator** ()
- b) Child kept under phototherapy ()
- c) Child kept under oxygen hood ()
- d) Child kept under ventilator ()

4.Which babies are affected by Low Birth Weight Babies?

- a) **Mothers age (younger than 15) and race** ()
- b) Environment ()
- c) sex ()
- d) Mothers age above 40 ()

5.How do pre term births occur?

- a) **Caesarean birth** ()
- b) Normal birth ()
- c) Cord prolapsed ()

6.What is the benefit of breast feeding?

- a) **Best food for infant** ()
- b) Malnutrition ()
- c) Hardly digested ()
- d) Expansive ()

Kankaroo Mother Care

1. Which babies need kangaroo mother care?
 - a) **Preterm baby and low birth weight babies** ()
 - b) Infant ()
 - c) Children ()
 - d) School age children ()
2. What is Kangaroo Mother Care?
 - a) **Skin to Skin contact and care of Preterm baby** ()
 - b) Separate from mother ()
 - c) Separate from Father ()
 - d) Method of care of 1 year child ()
3. What is the importance of kangaroo Mother Care?
 - a) **Reduce the death of preterm babies** ()
 - b) Used as a treatment for 6 month babies ()
 - c) Used as a treatment for one year babies ()
 - d) New born growth is decreased ()
4. What is the benefit of skin to skin contact?
 - a) It reduces baby's stress and pain ()
 - b) **It increases baby's body temperature and weight** ()
 - c) It increases baby's stress and pain ()
 - d) Used as treatment for school age children ()
5. Which day was celebrated as World Kangaroo Mother care day ?
 - a) **May 15** ()
 - b) March 26 ()
 - c) May 12 ()
 - d) October 2 ()
6. Which type of dress can use for Kangaroo mother care?
 - a) Blouse ()
 - b) **Mother can wear thin cloth** ()

- c) Nighty ()
- d) Chudithar ()

7.How many hours to do Kangaroo Mother Care?

- a) Minimum 8 hours per day ()
- b) Two hours ()**
- c) 12 hours ()
- d) 24 hours ()

8.Who can do Kangaroo Mother Care?

- a) Mother, Father, family members ()**
- b) Neighbors ()
- c) Friends ()
- d) Cousin ()

9.What is the main reason for death of new born child?

- a) Preterm birth, problem during delivery, birth defect ()**
- b) Normal Delivery ()
- c) Take proper nutrition ()
- d) Exclusive Breast feeding ()

10.How can do the Kangaroo Mother Care?

- a) Holding the baby between the undress mothers chest and turn the baby's head on one side ()**
- b) Holding the baby on hip ()
- c) Holding the baby on back ()
- d) Mother can wear nighty ()

11.Which position can Mother do Kangaroo Mother Care?

- a) Sitting and standing position ()
- b) Supine position ()
- c) Prone position ()
- d) Sitting, standing and sleeping position ()**

12.Where the Kangaroo Mother Care can do?

- a) Can do only in hospital ()
- b) Can do only in home ()
- c) Can do in home and hospital ()
- d) All of the above ()**

13. When the mother can stop Kangaroo mother care procedure?

- a) **Babies weight reached up to 2.5 kg** ()
- b) Baby above 2 kg ()
- c) Baby below 2 kg ()
- d) Not able to take feeding properly ()

14. How do prepare baby while doing kangaroo mother care?

- a) **Naked** ()
- b) Wearing cloth ()
- c) Wearing only diaper ()
- d) Wearing cap, diaper and socks ()

15. How should monitored Baby while receiving kangaroo mother care?

- a) Neck position ()
- b) Air way clearances ()
- c) Body color ()
- d) **All of the above** ()

16. Which mothers can practice kangaroo mother care?

- a) **Post natal mothers** ()
- b) Ante natal mothers ()
- c) Prime ()
- d) Null Para ()

17. What is the indicator that the baby is well?

- a) **Neck not too flexed, not too extended** ()
- b) Head is fixed ()
- c) Neck turn one side ()
- d) Foot flexed ()

18. Why do kangaroo mother care?

- a) **It helps both infant and parents** ()
- b) It minimizes temperature ()

c) It ensures health ()

d) It reduces stress ()

19. Where is kangaroo mother care initiated?

a) Short session baby receiving oxygen therapy ()

b) Baby should be stable ()

c) Baby receiving gastric tube ()

d) All of the above ()

20. How long should the baby be followed up post discharge?

a) Once or twice a week till 37 - 40 weeks / 2.5-3kg ()

b) Review after 6 months ()

c) Review after 8 months ()

d) Review after one year ()

பிரிவு - அ

தன் குறிப்பு :-

1. தாயின் வயது ()
அ. 25 க்கு கீழ் ()
ஆ. 26-30 வருடம் ()
இ. 31-35 வருடம் ()
ஈ. 40 க்கு மேல் ()
2. மதம் ()
அ. இந்து ()
ஆ. முஸ்லீம் ()
இ கிறிஸ்தியன் ()
3. தாயின் கல்வித் தகுதி ()
அ. எழுதப் படிக்க தெரியாதவர் ()
ஆ. துவக்கப்பள்ளி ()
இ. இடைநிலைப் பள்ளி ()
ஈ. உயர்நிலைப்பள்ளி ()
உ. மேல் நிலைப்பள்ளி ()
ஈ. பட்டதாரி ()
4. தாயின் தொழில் ()
அ. வீட்டு நிர்வாகி ()
ஆ. கூலி வேலை ()
இ. சொந்த வியாபாரம் ()
ஈ. அரசு வேலை ()

- உ. தனியார் நிறுவனத்தில் வேலை செய்பவர் ()
5. குடும்ப வகை
- அ. தனிக்குடும்பம் ()
- ஆ. கூட்டுக் குடும்பம் ()
- இ. விரிவான குடும்பம் ()
- ஈ. மற்றவை ()
6. குடும்பத்தின் மாத வருமானம் (தனி நபர்)
- அ. 1000 க்கு கீழ் ()
- ஆ. 1500 - 2000 ()
- இ. 2001 - 2500 ()
- ஈ. 2500 - க்கு மேல் ()
7. குடும்பத்தின் உள்ள குழந்தைகளின் எண்ணிக்கை
- அ. 1 குழந்தை ()
- ஆ. 2 குழந்தைகள் ()
- இ. 3 குழந்தைகள் ()
- ஈ. 4 அதற்கு மேல் ()
8. குறை மாத குழந்தையின் எடை
- அ. 1.00 கிலோ ()
- ஆ. 1.5 கிலோ ()
- இ. 2 கிலோ ()
- ஈ. 2.5 கிலோவிற்கு மேல் ()
9. சுகாதார பாமரிப்பு கிடைக்கும் இடம்
- அ. ஆரம்ப சுகாதார நிலையம் ()

- ஆ. துணை சுகாதார நிலையம் ()
- இ. நர்ஸிங் ஹோம் ()
- ஈ. மருத்துவமனை ()
10. பிரசவத்தின் வகை
- அ. சுக பிரசவம் ()
- ஆ. அறுவை சிகிச்சை ()
- இ. இடுக்கி பிரசவம் ()
- ஈ. சுக பிரசவத்துடன் தையல்போடுதல் ()

பிரிவு - ஆ

குறைமாத குழந்தை :-

1. குறைமாத குழந்தை என்றால் என்ன ?
அ. குழந்தை பிறப்பதற்கு 37 கருவின் இருக்கும்
வாரத்திற்கு பின்னால் ()
ஆ. குழந்தை பிறப்பதற்கு 37 கருவில் இருக்கும்
வாரத்திற்கு முன்னால் ()
இ. குழந்தை பிறப்பதற்கு 40 கருவில் இருக்கும்
வாரத்திற்கு முன்னால் ()
ஈ. குழந்தை பிறப்பதற்கு 42 கருவில் இருக்கும்
வாரத்திற்கு முன்னால் ()
2. குறை மாத குழந்தைக்கு வெப்ப நிலை எந்த அளவிற்கு கொடுக்கப்படுகிறது?
அ. 36.5° C குறைவாக ()
ஆ. 36.5° C ()
இ. 37° C ()
ஈ. 38 க்கும் அதிகமாக ()
3. எந்த பால் குறைமாதத்தில் பிறக்கும் குழந்தைக்கு உதவியாக உள்ளது ?
அ. தாய் பால் ()
ஆ. புட்டி பால் ()
இ. பசும்பால் ()
ஈ. எருமைப்பால் ()
4. குறை பிரசவம் எந்த வகையில் உருவாகிறது.

அ. அறுசை சிகிச்சை ()

ஆ. சுகபிரசவம் ()

இ. கொடி சுற்றி பிறத்தல் ()

குறைவான எடைக் கொண்ட குழந்தை :-

1. எந்த காரணத்தினால் குறைவான எடை கொண்ட குழந்தைகள் பிறக்கின்றன .

அ. தாயின் வயது (15 க்கும் குறைவாக) மற்றும் ()

ஆ. சுற்றுச்சூழல் ()

இ. பாலினம் ()

ஈ. தாயின் வயது 40 க்கும் மேல் ()

2. குறைவான எடைக் கொண்ட குழந்தைகளுக்கு உண்டாகும் பாதிப்புகள் என்ன?

அ. மூச்சு திணறல் மற்றும் உடல் வெப்ப இழப்பு ()

ஆ. நரம்பு கோளாறு ()

இ. சர்க்கரை நோய் ()

ஈ. இரத்த அழுத்தம் ()

3. குறைவான எடைக் கொண்ட குழந்தை பிறப்பதனால் என்ன அபாயம் ஏற்படும்?

அ. சரிவிகித உணவு குறைபாடு ()

ஆ. பருமனான சரிரம் ()

இ. அளவு மீறிய சுமை ()

ஈ. சூழ்நிலை ()

4. வெப்ப பராமரப்பு எனறால் என்ன?

அ. உலர்ந்த ()

ஆ. வெப்பம் ()

இ. தோல் மற்றும் தோல் ()

ஈ. உலர்ந்த வெப்பம் தோல் மற்றும் தோல் மற்றும் தாமத குளியல் ()

5. குறைவான வெப்பத்தை எவ்வாறு தடுக்கலாம்?

அ. இங்கு பேட்டரில் குழந்தையை வைப்பதன் மூலம் ()

ஆ. போட்டோத்தெரபி பயன்படுத்துவதின் மூலம் ()

இ. ஆக்ஸிஜன் தலைப்பாகை பயன்படுத்துவதின் மூலம் ()

ஈ. செயற்கை சுவாசம் கொடுப்பதின் மூலம் காங்காடு மதர்கேர் ()

பிரிவு - ஆ

கங்காரு தாய் பராமரிப்பு பற்றிய அறிவுரைக்கான கேள்விகள் :-

1. கங்காரு தாய் பராமரிப்பு என்றால் என்ன?

அ. தோல் மற்றும் தோல் தொடுத்தல் மற்றும்

குறைமாத குழந்தை பராமரிப்பு ()

ஆ. அம்மாவிடம் இருந்து பிரித்தல் ()

இ. அப்பாவிடம் இருந்து பிரித்தல் ()

ஈ. ஒரு வயது குழந்தை பராமரிப்பு முறை ()

2. கங்காரு தாய்பராமரிப்பு முக்கியத்துவம் என்ன?

அ. குறைமாதத்தில் பிறந்த குழந்தையின் இறப்பு விகிதம் குறைதல் ()

ஆ. பிறந்த 6 மாதம் ஆன குழந்தையின் சிகிச்சைக்கு ()

இ. பிறந்த ஒரு வருடம் ஆன குழந்தையின் சிகிச்சைக்கு ()

ஈ. பதிதாகப் பிறந்த குழந்தையின் வளர்ச்சி குறைதல் ()

3. தோல் நோய் தொடர்பின் பயன்பாடு என்ன?

அ. குழந்தையின் மன அழுத்தத்தையும் வலியையும் குறைக்கிறது ()

ஆ. குழந்தையின் உடல் வெப்பநிலை மற்றும் எடை அதிகரிக்கிறது ()

இ. குழந்தையின் உடல் வெப்பநிலை மற்றும் எடை அதிகரிக்கிறது ()

ஈ. பள்ளி குழந்தைக்கான பராமரிப்பு முறை ()

4. உலக கங்காரு தாய் பராமரிப்பு தினம் கொண்டாடப்படும் நாள் எது ?
- அ. மே 15 ()
- ஆ. மார்ச் 26 ()
- இ. மே 12 ()
- ஈ. அக்டோர் 2 ()
5. எந்த வகையான உடையை கங்காரு தாய் பராமரிப்பிற்கு பயன்படுத்தலாம் ?
- அ. மேல் சட்டை ()
- ஆ. மெல்லிய ஆடை அணிந்து கொண்டு ()
- இ. இரவு நேர ஆடை ()
- ஈ. நாகரீக ஆடை ()
6. கங்காரு தாய் பராமரிப்பு எத்தனை மணிநேரம் செய்யலாம்?
- அ. ஒருநாளைக்கு குறைந்தது 8 மணி நேரம் ()
- ஆ. 2 மணி நேரம் ()
- இ. 12 மணி நேரம் ()
- ஈ. 24 மணி நேரம் ()
7. கங்கா தாய் பராமரிப்பு முறையை யாரெல்லாம் மேற்கொள்ளலாம்
- அ. தாய், தந்தை, குடும்ப நபர்கள் ()
- ஆ. அண்டை அயலார் ()
- இ. நண்பர்கள் ()
- ஈ. உறவினர்கள் ()
8. புதிதாக பிறந்த குழந்தை இறப்புக்கு முக்கிய காரணம் என்ன?
- அ. குறைப்பிரசவம், மகப்பேற்றில் சிக்கல், பிறப்புக்குறைபாடு ()
- ஆ. சுகபிசவம் ()

- இ. சரிவகித உணவு எடுத்து கொள்ளுதல் ()
- ஈ. தாய்பாலூட்டுதல் ()
9. கங்காரு தாய் பராமரிப்பை எவ்வாறு செய்ய வேண்டும்?
- அ. தாயின் இரு மார்பகங்களுக்கு இடையில் வைத்து குழந்தையின் தலையை ஒரு பக்கமாக திருப்பதல் ()
- ஆ. தாயின் இடுப்பில் குழந்தையை வைத்தல் ()
- இ. தாயின் முதுகில் குழந்தையை வைத்தல் ()
- ஈ. இரவு ஆடை அணிந்து கொண்டு ()
10. எந்த நிலையில் கங்காரு தாய் பராமரிப்பை மேற்கொள்ள வேண்டும்?
- அ. இருக்கையில் அமர்ந்து அல்லது நின்று கொண்ட நிலையில் ()
- ஆ. மல்லாந்து படுத்த நிலையில் ()
- இ. குப்புற படுத்த நிலையில் ()
- ஈ. பக்கவாட்டில் உறங்கி கொண்டு இருக்கும் நிலையில் ()
11. கங்காருதாய் பராமரிப்பை எங்கு மேற்கொள்ள வேண்டும்?
- அ. மருத்துவமனை ()
- ஆ. வீடு ()
- இ. வீடு மற்றும் மருத்துவமனை ()
- ஈ. மேற்கூறிய அனைத்தும் ()
12. கங்காரு தாய் பராமரிப்பு முறைய எப்பொழுது நிறுத்தலாம்?
- அ. குழந்தை 2.5 கிலோவிற்கு மேல் எடையை அடைந்தவுடன் ()
- ஆ. குழந்தை 2 கிலோவிற்கு மேல் எடையை அடைந்தவுடன் ()
- இ. குழந்தை 2 கிலோவிற்கு கீழ் எடையை அடைந்தவுடன் ()
- ஈ. தாய்பால், முறையாக குடிக்காத குழந்தை

13. கங்காரு தாய் பராமரிப்பு முறைக்கு குழந்தையை எவ்வாறு தயார் செய்வது?
 அ. உடை இல்லாத ()
 ஆ. உடை அணந்து ()
 இ. சிறு நீர்கழிப்பற்கான இடைத்துணி அணிந்து ()
 ஈ. குல்லா, காலுறை, இடைத்துணி அணிந்து ()
14. தாய்ப்பால் கொடுப்பதால் ஏற்படும் நன்மைகள் என்ன?
 அ. சிசுவிற்கு சிறந்த உணவு ()
 ஆ. உட்கட்டி குறைபாடு ()
 இ. கடினமான ஜீரணித்தல் ()
 ஈ. விலை மதிப்பு ()
15. தாய் பராமரிப்பு முறையில் குழந்தை எவ்வாறு பார்வையிட வேண்டும்?
 அ. கழுத்து பகுதி பராமரிப்பு ()
 ஆ. தொடர்ச்சியான காற்றோட்டம் ()
 இ. குழந்தை நிறம் ()
 ஈ. மேற்கூறிய அனைத்தும் ()
16. கங்காரு தாய் பராமரிப்பு முறையை எந்த தாய் முயற்சி பெறவேண்டும்.
 அ. குழந்தையை பெற்ற தாய் ()
 ஆ. கருவில் சுமக்கும் தாய் ()
 இ. ஆரம்ப நிலை ()
 ஈ. எதுவுமில்லை ()
17. குழந்தை நலன்னை எவ்வாறு தெரிந்து கொள்வது?
 அ. கழுத்து பகுதி நெகிழ்வான, நீடித்தல் ()
 ஆ. கருவில் சுமக்கும் தாய் ()
 இ. ஆரம்பநிலை ()

- ஈ. எதுவுமில்லை ()
18. கங்காரு தாய் பராமரிப்பை தாய் ஏன் செய்ய வேண்டும்?
- அ. சிசு மற்றும் பெற்றோருக்கு உதவியாக ()
- ஆ. வெப்பநிலையை குறைக்க ()
- இ. உடல் நலன் பராமரிப்பு ()
- ஈ. மன அழுத்த குறைவு ()
19. தாய் பராமரிப்பின் ஆரம்ப நிலை என்ன?
- அ. சுவாசப்பயிற்சி குறைவான நேரத்தில் ஏற்றுக் கொள்ளுதல் ()
- ஆ. குழந்தை நிலையை உறுதி செய்ய ()
- இ. மேற்கூறிய அனைத்தும் ()
20. பிறந்த குழந்தை எவ்வளவு நாட்களுக்கு கண்காணிக்க பட வேண்டும்?
- அ. ஒன்று அல்லது வாரத்திற்கு இரண்டு முறை 37-40
- வாரங்கள்/2.5 - 3 கிலோ ()
- ஆ. 6 மாதத்திற்கு பிறகு ()
- இ. 8 மாதத்திற்கு பிறகு ()
- ஈ. ஒரு வருடத்திற்கு பிறகு ()
21. கங்காரு தாய்பால் எந்த குழந்தைக்கு தேவை?
- அ. குறைவான எடை கொண்ட மற்றும் முறை பிரசவம் ()
- ஆ. சிசு ()
- இ. குழந்தை ()
- ஈ. பள்ளிக் குழந்தைகள் ()

STRUCTURE TEACHING PROGRAMME ON KANGAROO MOTHER CARE


Name of the Presenter	:	Mrs. P. Ramya Reg. No 301417852
Topic	:	Kangaroo Mother care
Duration	:	45 minutes
Venue	:	Post natal ward
Medium of Instruction	:	Power point presentation
General Objective	:	The mother will gain knowledge attitude and practice skill regarding Kangaroo Mother care

Specific Objectives


The Student will be able to


- introduce the topic
- define the term of Kangaroo mother care
- describe the components of Kangaroo mother care

- enlist benefits of Kangaroo mother care
- define Eligibility criteria for mother and child to initiate Kangaroo mother care
- describe preparing for Kangaroo mother care
- explain the procedure for Kangaroo mother care
- explain the initiation of Kangaroo mother care
- discuss duration of Kangaroo mother care
- describe the discharge criteria for Kangaroo mother care
- explain discontinuation of Kangaroo mother care
- educate follow up of Kangaroo mother care



SPECIFIC OBJECTIVES	CONTENTS	TEACHING LEARNING	AV AIDS	EVALUATTION
Student will be able to introduce the topic	Introduction Kangaroo mother care is a method of caring for newborn infants. In this method the infant is placed between mother's breasts in direct skin – to – skin contact. It is particularly useful in caring for low birth weight infants below 2000 grams	Explaining		
Student will be able to define the term of Kangaroo mother care	Definition <ul style="list-style-type: none"> ➤ A special way of caring for Low birth weight (LBW) 	Explaining	Showing Power point presentation	What is Kangaroo mother care

	babies <ul style="list-style-type: none"> ➤ It promotes ➤ Effective thermal control ➤ Breast feeding ➤ Prevention of infection ➤ Parental bonding 			
Student will be able to describe the components of KMC	Components of KMC Skin-to-skin contact <ul style="list-style-type: none"> ➤ Early, continuous and prolonged skin-to-skin contact Exclusive breast feeding <ul style="list-style-type: none"> ➤ Promotes lactation and facilitates feeding 	Explaining, listening	Discussion by power point presentation	What is Components of KMC ?

Student will be able to enlist benefits of KMC	<p>Benefits of KMC</p> <ul style="list-style-type: none"> ➤ Breast feeding <ul style="list-style-type: none"> • Increased breast feeding rates • Increased duration of breast feeding ➤ Thermal control <ul style="list-style-type: none"> • Effective thermal control • Equivalent to conventional incubator care ➤ Early discharge <ul style="list-style-type: none"> • Better weight gain Early discharge ➤ Lesser morbidity <ul style="list-style-type: none"> • Regular breathing • Decreased episodes of apnea • Protection from nosocomial infections <p>Other benefits</p> <ul style="list-style-type: none"> • Less stress to the infant • Stronger bonding • Deep satisfaction for mother • More confident parents 	Explaining	<p>Discussion by power point presentation</p> 	What are the Benefits of Child and er
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Student will be able to define Eligibility criteria for mother and child to initiate KMC	Eligibility criteria: Baby <ul style="list-style-type: none"> ➤ Birth weight >1800 gm: Start at birth ➤ Birth weight 1200-1799 gm: Hemodynamically stable ➤ Birth weight <1200 gm: Hemodynamically stable 	Explaining	Discussion by power point presentation	What are the Eligibility criteria
	Eligibility criteria: Mother <ul style="list-style-type: none"> ➤ Willingness ➤ General health & nutrition ➤ Hygiene ➤ Supportive family ➤ Supportive community 			
Student will be able to describe preparing for KMC	Preparing for KMC <ul style="list-style-type: none"> ➤ Counseling <ul style="list-style-type: none"> • Demonstrate procedure • Ensure family support • KMC support group ➤ Mother's clothing <ul style="list-style-type: none"> • Front-open, light dress as per the local culture ➤ Baby's clothing <ul style="list-style-type: none"> • Cap, socks, nappy and front-open sleeveless shirt or 'jhabala' 	Learning	Discussion	
Student will be able to explain the procedure for KMC	KMC procedure: Kangaroo positioning <ul style="list-style-type: none"> ➤ Place baby between the mother's breasts in an upright position ➤ Head turned to one side and slightly extended 	Explaining	demonstration 	

	<ul style="list-style-type: none"> ➤ Hips flexed and abducted in a “frog” position; arms flexed ➤ Baby’s abdomen at mother’s epigastrium ➤ Support baby’s bottom 			
Student will be able to to Explain the initiation of KMC	Initiation of KMC <ul style="list-style-type: none"> ➤ Baby should be stable ➤ Short KMC sessions can be initiated even if the baby is receiving <ul style="list-style-type: none"> • IV fluids • Oxygen therapy • Orogastric tube feeding 	Explaining	Demonstration	When we should start the KMC

<p>Student will be able to discuss duration of KMC</p>	<p>Duration of Kangaroo Mother Care</p> <ul style="list-style-type: none"> ➤ Start KMC sessions in the nursery ➤ Practice one hour sessions initially ➤ Transit from conventional care to longer KMC ➤ Transfer baby to post-natal ward and continue KMC ➤ Increase duration up to 24 hours a day <p>KMC during sleep and resting</p> <p>Resting</p> <ul style="list-style-type: none"> ➤ Reclining or semi-recumbent position ➤ Adjustable bed ➤ Several pillows on an ordinary bed ➤ Easy reclining chair <p>Sleep</p> <ul style="list-style-type: none"> ➤ Supporting garment restraint for baby 	<p>Explaining</p>	<p>Discussion</p>	<p>How much duration is needed for KMC</p> <div data-bbox="1104 346 1323 514">  </div> <div data-bbox="1036 556 1242 709">  </div>
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Student will be able to describe the discharge criteria for KMC	Discharge criteria From nursery to ward <ul style="list-style-type: none"> ➤ Stable baby ➤ Gaining weight Mother confident of looking after the baby <ul style="list-style-type: none"> ➤ Baby is well with no evidence of infection ➤ Feeding well (predominant breast milk) ➤ Gaining weight (15-20 gm/kg/day) ➤ Maintaining body temperature (in room temperature) ➤ Mother confident of taking care of the baby ➤ Follow-up visits ensured 	Explaining	Discussion	When you should discharge the mother
Student will be able to explain discontinuation of KMC	Discontinuation of KMC <ul style="list-style-type: none"> ➤ Term gestation ➤ Weight ~ 2500 gm ➤ Baby uncomfortable <ul style="list-style-type: none"> • Wriggling out • Pulls limbs out • Cries and fusses Mother can continue KMC after giving the baby a bath and during cold nights	Explaining	Discussion	When you Discontinuation of KMC

Student will be able to educate follow up of KMC	Post-discharge follow up <ul style="list-style-type: none"> ➤ Once or twice a week till 37-40 wks / 2.5-3 kg ➤ Thereafter, once in 2-4 wks till 3 months PCA ➤ Subsequently, every 1-2 months during first year ➤ More frequent visits if baby is not growing well (< 15-20 gm/kg/day up to 40 weeks PCA and then < 10 gm/kg/day) 	Explaining	Discussion	What is follow up of KMC
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SUMMARY

Show for we have seen about the definition, components, benefits, eligibility criteria, Initiation, Duration, Discharge care, Follow up of Kangaroo mother care.

CONCLUSION

Kangaroo mother care promotions aims to promote the spread and implementation of Kangaroo mother care as the standard method of care for all new born and full term babies. It is very much benefited to mother and babies.